

SCRIPTED TEXT FOR 2001 PATS RETURNS  
FORMS 1040, 1040A, 1040EZ  
FORMS W-2, W-2C, W-2G AND 1099-R

TEST #1

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name Initial & Last Name: (TEST N ERTIA)  
Social Security Number: (400-00-1001)  
Home Address: (215 LAID BACK WAY)  
City State and Zip: (LAZY POINT NY 11930-2150)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
Filing Status: (SINGLE)  
Line 1 Total wages: (2150)  
Line 2 Taxable Interest: (270)  
Line 4 Adjusted Gross Income: (2420)  
Line 5 Can someone else claim you on their return: (YES)  
Deduction/Exemption Amount: (2400)  
Line 6 Taxable income: (20)  
Line 8 Federal Income tax withheld: (300)  
Line 9 Earned Income Credit: (NO)  
Line 10 Total payments: (300)  
Line 11 Tax: (3)  
Line 12a Refund: (297)  
Line 12b Routing Transit number: (012456778)  
Line 12c Type of account: (SAVINGS)  
Line 12d Account number: (111-222-3456)

Taxpayers Occupation: (COOK)  
Third Party Designee: (YES)  
Daytime Phone Number: (305-678-9012)  
Third Party Designee: (John X Ertia)  
Third Party Phone: (888-123-4567)  
Third Party PIN Number: (46741)

This return was prepared by taxpayer

Form W-2 #1:

b. Employers identification number: (11-6321571)  
c. Employers name address and Zip Code: (LOAFERS SANDWICH SHOPPE)  
(14A LOAFERS LAND)  
(LAZY POINT NY 11930)  
d. Employees social security number: (400-00-1001)  
e. Employees name (first, m.i., last): (TEST N ERTIA)  
f. Employees address and Zip code: (215 LAID BACK WAY)  
(LAZY POINT NY 11930-2150)  
Box 1 Wages, tips, etc.: (2150)  
Box 2 Federal Income tax withheld: (300)  
Box 3 Social Security wages: (2150)  
Box 4 Social Security tax withheld: (133)  
Box 5 Medicare wages and tips: (2150)  
Box 6 Medicare tax withheld: (31)  
Box 15 State and State ID Number: (NY 112176)  
Box 16 State Wages: (2150)  
Box 17 State Income Tax withheld: (215)

TEST #2

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST O MAPLE)  
Social Security Number: (400-00-1002)  
Home Address: (7842 WEEPING WILLOW LN)  
City, State, and Zip: (AUDUBON NJ 08106-7842)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
Filing Status: (SINGLE)  
Number of boxes on 6a and 6b: (0)  
Total number box 6d: (0)  
Line 7 Total wages: (4400)  
Line 8a Taxable Interest: (6500)  
Line 8b Tax exempt interest: (1000)  
Line 9 Dividends: (3000)  
Line 15 Total Income: (13900)  
Line 19 Adjusted Gross Income: (13900)  
Line 20 Amount from line 19: (13900)  
Line 22 Standard deduction: (4550)  
Line 23 Subtract line 22 from line 20: (9350)  
Line 24 Multiply \$2900 by total exemptions: (0)  
Line 25 Taxable Income: (9350)  
Line 26 Tax: (1406)  
Line 34 Subtract line 33 from line 26: (1406)  
Line 36 Total Tax: (1406)  
Line 37 Federal Income Tax Withheld: (1360)  
Line 41 Total Payments: (1360)  
Line 45 Amount you owe: (46)

Taxpayers Occupation: (TREE TRIMMER)  
Third Party Designee: (NO)  
Daytime phone number: (201-555-1111)

TEST #2: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and Zip Code: (TREE TOPPERS INC)  
(783 CHRISTMAS TREE DRIVE)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1002)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and State ID Number: (NJ 22130)

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and Zip Code: (OAKLEYS YARD AND GARDEN)  
(87 KUDZU CENTER)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1002)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal Income tax withheld: (880)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and State ID Number: (NJ 07543917)

Box 16 State Wages: (3200)

Box 17 State Income tax withheld: (204)

TEST #3

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial & Last Name: (TEST Z CANASTA)  
Social Security Number: (400-00-1003)  
Home Address: (% ROYAL FLUSH)  
(12 QUEEN OF HEARTS BLVD)  
City, State, and Zip: (BLACKJACK MS 39759)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
Filing Status: (HEAD OF HOUSEHOLD)  
Dependent #1 Name: (SAMUEL CANASTA)  
Social Security Number: (400-55-3003)  
Relationship: (SON)  
Number of months in home: (12)  
Qualifying child for child tax credit: (X)  
Dependent #2 Name: (MARY CANASTA)  
Social Security Number: (400-55-4003)  
Relationship: (DAUGHTER)  
Number of months in home: (12)  
Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (2)  
Total number in box 6d: (3)  
Line 7 Total wages: (18500)  
Line 19 Unemployment compensation: (4000)  
Line 22 Total income: (22500)  
Line 31a Alimony paid: (3200)  
Line 31b Recipient's SSN LITERAL: (STATEMENT #1)  
(400-55- 5003 1200)  
(400-55- 6003 2000)  
Line 32 Total adjustments: (3200)  
Line 33 Adjusted gross income: (19300)  
Line 34 Amount from line 33: (19300)  
Line 36 Itemized or standard deduction: (6650)  
Line 37 Subtract line 36 from line 34: (12650)  
Line 38 Multiply \$2900 by line 6d: (8700)  
Line 39 Taxable income: (3950)  
Line 40 Tax: (596)  
Line 42 Add lines 40 and 41: (596)  
Line 44 Credit for child & dependent care expenses: (596)  
Line 51 Total credits: (596)  
Line 56 Advance earned income credit: (500)  
Line 58 Total tax: (1740)  
LITERAL: (ADT 1240)  
Line 59 Federal Income tax withheld: (2700)  
Line 61a Earned income credit: (2695)  
Line 63 Additional Child Tax Credit (850)  
Line 66 Total payments: (6245)  
Line 67 Amount Overpaid: (4505)  
Line 68a Amount refunded to you: (4505)  
Line 68b Routing Transit Number: (012344589)  
Line 68c Type: (CHECKING)  
Line 68d Account Number: (LOANXXXX400001003)  
THIS DIRECT DEPOSIT IS A REFUND ANTICIPATION LOAN  
Taxpayers Occupation: (DEALER)

TEST #3: continued:

Third Party Designee:	(YES)
Daytime Phone Number:	(888-555-2222)
Third Party Designee:	(John Doe)
Third Party Phone:	(888-555-1111)
Third Party PIN number:	(11122)

TEST #3: continued:

Form W-2 #1:

b. Employers identification number: (64-1234567)

c. Employers name address and Zip Code: (UCAN WINABUNDLE RIVERBOAT)  
(21 JOKERS FERRY)  
(BLACKJACK MS 39759)

d. Employees social security number: (400-00-1003)

e. Employees name (first, m.i., last): (TEST Z CANASTA)

f. Employees address and Zip code: (12 QUEEN OF HEARTS BLVD)  
(BLACKJACK MS 39759)

Box 1	Wages, tips, etc.:	(18500)
Box 2	Federal Income tax withheld:	(2700)
Box 3	Social Security wages:	(18500)
Box 4	Social Security tax withheld:	(1147)
Box 5	Medicare wages and tips:	(18500)
Box 6	Medicare tax withheld:	(268)
Box 9	Advanced EIC payment:	(500)

TEST #4

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, Initial & Last Name: (TEST A EAU DE TOILETTE)  
Social Security Number: (400-00-1004)  
Home Address: (5 GOTTA SMELL GOOD ST)  
City, State, and Zip: (COLOGNE MN 55322)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
Filing Status: (SINGLE)  
Line 1 Total wages: (9000)  
Line 2 Taxable Interest: (370)  
Line 4 Adjusted Gross Income: (9370)  
Line 5 Can someone else claim you on their return: (NO)  
Deduction/Exemption Amount: (7450)  
Line 6 Taxable income: (1920)  
Line 7 Rate reduction credit: (96)  
Line 8 Tax Withheld: (75)  
Line 9a Earned income credit: (91)  
Line 9b Nontaxable earned Income: (500)  
Line 10 Total payments: (262)  
Line 11 Tax: (287)  
Line 13 Amount you owe: (25)  
  
Taxpayers Occupation: (SALES CLERK)  
Third Party Designee: (NO)

Form W-2 #1:

b. Employers identification number: (41-8765432)  
c. Employers name address and Zip Code: (SWEET AROMA HEALTH AND BEAUTY AIDES)  
(7 FRAGRANT WAY)  
(COLOGNE MN 55322)  
d. Employees social security number: (400-00-1004)  
e. Employees name (first, m.i., last): (TEST A EAU DE TOILETTE)  
f. Employees address and Zip code: (5 GOTTA SMELL GOOD ST)  
(COLOGNE MN 55322)  
  
Box 1 Wages, tips, etc.: (9000)  
Box 2 Federal Income tax withheld: (75)  
Box 3 Social Security wages: (9500)  
Box 4 Social Security tax withheld: (589)  
Box 5 Medicare wages and tips: (9500)  
Box 6 Medicare tax withheld: (138)  
Box 12a See instructions: (D 500)  
Box 15 State and State ID Number: (MN 41777)  
Box 16 State Wages: (9000)  
Box 17 State Income Tax withheld: (525)

TEST #5

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST U GRASS)  
Social Security Number: (400-00-1005)  
Spouses First Name Initial & Last Name: (MAY B GRASS)  
Spouses Social Security Number: (400-00-2005)  
Home Address: (74131 FESCUE DR)  
City, State, and Zip: (SAINT THOMAS VI 00802)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
If joint return, Does your spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (TIMOTHY GRASS)  
    Social Security Number: (400-55-3005)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (MARY GRASS)  
    Social Security Number: (400-55-4005)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #3 Name: (DAVID GRASS)  
    Social Security Number: (400-55-5005)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #4 Name: (SUSAN GRASS)  
    Social Security Number: (400-55-6005)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #5 Name: (PHILIP GRASS)  
    Social Security Number: (400-55-7005)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #6 Name: (ANGELA GRASS)  
    Social Security Number: (400-55-8005)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Number of boxes on 6a and 6b: (2)  
Number of children who lived with you: (6)  
Total number in box 6d: (8)  
Line 7 Total wages: (42000)  
Line 13 Unemployment Compensation: (1650)  
Line 15 Total Income: (43650)  
Line 16 IRA deduction: (1200)  
Line 18 Total Adjustments: (1200)  
Line 19 Adjusted Gross Income: (42450)



TEST #5: continued:

Line 20	Amount from line 19:	(42450)
Line 21a	Taxpayer is blind:	(X)
Line 21a	Number of Boxes checked:	(1)
Line 22	Standard deduction:	(8500)
Line 23	Subtract line 22 from line 20:	(33950)
Line 24	Multiply \$2900 by box 6d:	(23200)
Line 25	Taxable Income:	(10750)
Line 26	Tax:	(1616)
Line 27	Child Care Credit:	(448)
Line 29	Education Credit:	(1168)
Line 33	Total Credits:	(1616)
Line 37	Federal Income Tax Withheld:	(1450)
Line 40	Additional Child Tax Credit:	(3213)
Line 41	Total Payments:	(4663)
Line 42	Amount overpaid:	(4663)
Line 43a:	Amount to be refunded:	(4663)
Line 43b:	RTN	(253174576)
Line 43c:	Type	(Savings)
Line 43d:	Account Number	(06542153)
	Taxpayers Occupation:	(CONSULTANT)
	Spouses Occupation:	(SALESPERSON)
	Third Party Designee:	(YES)
	Third party designee:	(JOHN DOE)
	Third party phone number:	(888-555-1111)
	Third party PIN number:	(11112)

TEST #5: continued:

Form W-2 #1:

b. Employers identification number: (02-9876543)  
c. Employers name address and Zip Code: (LAST JOB INC)  
(97 WHEATLEY AVE)  
(SAINT THOMAS VI 00802)  
d. Employees social security number: (400-00-1005)  
e. Employees name (first, m.i., last): (TEST U GRASS)  
f. Employees address and Zip code: (74131 FESCUE DR)  
(SAINT THOMAS VI 00802)  
Box 1 Wages, tips, etc.: (24500)  
Box 2 Federal Income Tax Withheld: (900)  
Box 3 Social Security wages: (24500)  
Box 4 Social Security tax withheld: (1519)  
Box 5 Medicare wages and tips: (24500)  
Box 6 Medicare tax withheld: (355)  
Box 10 Dependent care benefits: (1000)  
Box 15 State and State ID Number: (VI 028888)  
Box 16 State Wages: (24500)  
Box 17 State Income Tax withheld: (1715)

Form W-2 #2:

b. Employers identification number: (02-5689124)  
c. Employers name address and Zip Code: (SNODGRASS FEED AND SEED)  
(1 PLANTATION ST)  
(SAINT THOMAS VI 00802)  
d. Employees social security number: (400-00-2005)  
e. Employees name (first, m.i., last): (MAY B GRASS)  
f. Employees address and Zip code: (74131 FESCUE DR)  
(SAINT THOMAS VI 00802)  
Box 1 Wages, tips, etc.: (17500)  
Box 2 Federal Income Tax Withheld: (550)  
Box 3 Social Security wages: (17500)  
Box 4 Social Security tax withheld: (1085)  
Box 5 Medicare wages and tips: (17500)  
Box 6 Medicare tax withheld: (254)  
Box 15 State and State ID Number: (VI 023456)  
Box 16 State Wages: (17500)  
Box 17 State Income Tax withheld: (1110)

TEST #6

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial & Last Name: (TEST D RICHARD)  
Social Security Number: (400-00-1006)  
Home Address: (94022 PATRICIA CT)  
City, State, and Zip Code: (HAPPY JACK AZ 86024)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
Filing Status: (SINGLE)  
Number of boxes checked on 6a and 6b: (0)  
Total number in box 6d: (0)  
Line 8a Taxable interest: (1514)  
Line 9 Dividend income: (582)  
Line 13 Capital gain or (loss): (-800)  
Line 17 Schedule E income or (loss): (5200)  
Line 22 Total income: (6496)  
Line 33 Adjusted gross income: (6496)  
Line 34 Amount from line 33: (6496)  
Line 36 Itemized or standard deduction: (750)  
Line 37 Subtract line 36 from line 34: (5746)  
Line 38 Multiply \$2900 by the total number of exemptions: (0)  
Line 39 Taxable income: (5746)  
Line 40 Tax: (1005)  
Line 42 Total tax: (1005)  
Line 52 Subtract line 51 from line 42: (1005)  
Line 58 Add lines 55 through 57: (1005)  
Line 60 2001 Estimated tax payments: (1200)  
Line 64 Amount paid with Form 4868: (109)  
Line 66 Total payments: (1309)  
Line 67 Amount overpaid: (304)  
Line 68a Amount refunded to you: (304)

Taxpayers Occupation: (STUDENT)  
Third Party Designee (YES)

Third party designee: (ROBERT R ROBERTS)  
Third party phone number: (775-555-1313)  
Third party PIN number: (15512)

Paid Preparer Information:

Self-employed: (X)  
Preparer's SSN: (400-55-4006)  
Firm Name: (ROBERTS ENTERPRISES)  
EIN: (88-6868686)  
Firm Address: (645 SALEM ST)  
(NIXON NV 89424)  
Phone no: (775-555-1313)

TEST #7

FORMS INCLUDED: FORM 1040EZ, FORM W- 2(1)

FORM 1040EZ:

First Name, Initial & Last Name:	(TEST I WHY)
Social Security Number:	(400-00-1007)
Spouses Name, Initial & Last Name:	(GWEN R KNOTT)
Spouses Social Security Number:	(400-00-2007)
Home Address:	(12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
City, State, and Zip:	(WYNOT NE 68792)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Line 1 Total wages:	(6700)
Line 2 Taxable Interest:	(63)
Line 3 Unemployment compensation:	(200)
Line 4 Adjusted Gross Income:	(6963)
Line 5 Can someone else claim you on their return:	(NO)
Deduction/Exemption Amount:	(13400)
Line 6 Taxable income:	(0)
Line 8 Federal Income tax withheld:	(670)
Line 9a Earned income credit:	(274)
Line 9b Nontaxable earned income:	(400)
Line 10 Total payments:	(944)
Line 11 Tax:	(0)
Line 12a Refund:	(944)
Line 12b RTN:	(123456780)
Line 12c Type:	(Checking)
Line 12d Account no:	(02135763)
Taxpayers Occupation:	(TEXTILES)
Spouses Occupation:	(HOMEMAKER)
Third Party Designee	(YES)
Third party designee:	(JOHN DOE)
Third party phone number:	(888-555-1111)
Third party PIN number:	(11125)

TEST #7: continued:

Form W-2 #1:

b. Employers identification number:	(47-1928374)
c. Employers name address and Zip Code:	(WEARABLE GARMENTS MANUFACTURING) (2 WASHINGTON CIRCLE) (WYNOT NE 68792)
d. Employees social security number:	(400-00-1007)
e. Employees name (first, m.i., last):	(TEST I WHY)
f. Employees address and Zip code:	(12457 WILSHIRE-ON-THE-HAMPTONS BLVD) (WYNOT NE 68792)
Box 1 Wages, tips, etc.:	(6700)
Box 2 Federal Income Tax Withheld:	(670)
Box 3 Social Security wages:	(6700)
Box 4 Social Security tax withheld:	(415)
Box 5 Medicare wages and tips:	(6700)
Box 6 Medicare tax withheld:	(97)
Box 15 State and State ID Number:	(NE 479623)
Box 16 State Wages:	(6700)
Box 17 State Income Tax withheld:	(186)

TEST #8

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial & Last Name: (TEST M LUCKY)  
Social Security Number: (400-00-1008)  
Home Address: (13 WINNERS CIR)  
City, State, and Zip: (HORSE SHOE NC 28742)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
Filing Status: (SINGLE)  
Dependent #1 Name: (GOTTABE LUCKY)  
    Social Security Number: (400-55-3008)  
    Relationship: (SON)  
    Number of months in home: (00)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (WANNBE DIPHERANT)  
    Social Security Number: (400-55-4008)  
    Relationship: (DAUGHTER)  
    Number of months in home: (00)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who did not live with you: (2)  
Total number in box 6d: (3)  
Line 7 Total wages: (14000)  
Line 8a Taxable interest: (290)  
Line 9 Dividend income: (76)  
Line 19 Unemployment compensation: (2760)  
Line 22 Total income: (17126)  
Line 23 IRA deduction: (1000)  
Line 32 Total adjustments: (1000)  
Line 33 Adjusted gross income: (16126)  
Line 34 Amount from line 33: (16126)  
Line 36 Itemized or standard deduction: (4550)  
Line 37 Subtract line 36 from line 34: (11526)  
Line 38 Multiply \$2900 by the total number of exemptions: (8700)  
Line 39 Taxable income: (2876)  
Line 40 Tax: (433)  
Line 42 Tax: (433)  
Line 47 Child Tax credit: (433)  
Line 51 Total credits: (433)  
Line 59 Federal Income tax withheld: (800)  
Line 63 Additional Child Tax Credit (400)  
Line 65 Other payments: (103)  
Line 65b Form 4136: (X)  
Line 66 Total payments: (1303)  
Line 67 Amount overpaid: (1303)  
Line 68a Amount refunded: (1303)  
  
Taxpayers Occupation: (GROUNDSKEEPER)  
Third Party Designee (YES)  
  
Third party designee: (IMA LUCKYONE II)  
Third party phone number: (888-555-1212)  
Third party PIN number: (12345)

Form 8332 filed with this return

TEST #8: continued:

Form W-2 #1:

b. Employers identification number:	(56-1234567)
c. Employers name address and Zip Code:	(THOROUGHBRED FARMS) (1 LICKSKILLET LANE) (HORSE SHOE NC 28742)
d. Employees social security number:	(400-00-1008)
e. Employees name (first, m.i., last):	(TEST M LUCKY)
f. Employees address and Zip code:	(13 WINNERS CIR) (HORSE SHOE NC 28742)
Box 1 Wages, tips, etc.:	(14000)
Box 2 Federal Income Tax Withheld:	(800)
Box 3 Social Security wages:	(14000)
Box 4 Social Security tax withheld:	(868)
Box 5 Medicare wages and tips:	(14000)
Box 6 Medicare tax withheld:	(203)
Box 15 State and State ID Number:	(NC 568866)
Box 16 State Wages:	(14000)
Box 17 State Income Tax withheld:	(980)



TEST #9

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, Initial & Last Name: (TEST C ACAPPELLA)  
Social Security Number: (400-00-1009)  
Spouses Social Security Number: (400-00-2009)  
Home Address: (4 QUARTET CTR)  
City, State, and Zip: (SOLO MO 65564)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
Filing Status: (MARRIED FILING SEPARATELY)  
Spouse's First Name and Last Name: (DUET ACAPPELLA)  
Dependent #1 Name: (FORTISSIMO ARIA)  
    Social Security Number: (400-55-3009)  
    Relationship: (DAUGHTER)  
    Number of months in home: (00)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who did not live with you: (1)  
Total number in box 6d: (2)  
Line 7 Total wages: (25500)  
Line 15 Total income: (25500)  
Line 19 Adjusted Gross Income: (25500)  
Line 20 Amount from line 19: (25500)  
Line 22 Standard deduction: (3800)  
Line 23 Subtract line 22 from line 20: (21700)  
Line 24 Multiply \$2900 by total exemptions: (5800)  
Line 25 Taxable Income: (15900)  
Line 26 Tax: (2389)  
Line 30 Child Tax credit: (600)  
Line 33 Total Credits: (600)  
Line 34 Subtract line 32 from line 26: (1789)  
Line 36 Total Tax: (1789)  
Line 37 Federal Income Tax Withheld: (1600)  
Line 41 Total Payments: (1600)  
Line 45 Amount you owe: (189)

Taxpayers Occupation: (MUSICIAN)  
Third Party Designee (NO)  
Daytime Phone Number (314-555-1008)

This return was prepared by the taxpayer

TEST #9: continued:

Form W-2 #1:

b. Employers identification number:	(43-7685943)
c. Employers name address and Zip Code:	(SOLO CITY ORCHESTRA) (SOLO CENTER SUITE 420) (SOLO MO 65564)
d. Employees social security number:	(400-00-1009)
e. Employees name (first, m.i., last):	(TEST C ACAPPELLA)
f. Employees address and Zip code:	(4 QUARTET CTR) (SOLO MO 65564)
Box 1 Wages, tips, etc.:	(25500)
Box 2 Federal Income Tax Withheld:	(1600)
Box 3 Social Security wages:	(25500)
Box 4 Social Security tax withheld:	(1581)
Box 5 Medicare wages and tips:	(25500)
Box 6 Medicare tax withheld:	(370)
Box 15 State and State ID Number:	(MO 43918273)
Box 16 State Wages:	(25500)
Box 17 State Income Tax withheld:	(1785)

TEST #10

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, Initial & Last Name: (TEST J CAESAR)  
Social Security Number: (400-00-1010)  
Spouses First Name Initial & Last Name: (CLEO P CAESAR)  
Spouses Social Security Number: (400-00-2010)  
Home Address: (15 IDES OF MARCH PKWY)  
City State and Zip: (ROME MS 38768)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
If joint return, Does Taxpayers spouse want \$3.00 to go to this fund: (YES)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (SALLY CAESAR)  
    Social Security Number: (400-55-3010)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (JULIUS BRUTUS)  
    Social Security Number: (900-93-4010)  
    Relationship: (SON)  
    Number of months in home: (6)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (2)  
Number of children who lived with you: (2)  
Total number in box 6d: (4)  
Line 7 Total wages: (62000)  
Line 8a Taxable Interest: (390)  
Line 14a Social Security benefits: (5200)  
Line 14b Taxable Social Security benefits: (4420)  
Line 15 Total Income: (66810)  
Line 17 Student loan interest deduction: (74)  
Line 18 Total adjustments: (74)  
Line 19 Adjusted Gross Income: (66736)  
Line 20 Amount from line 19: (66736)  
Line 22 Standard deduction: (7600)  
Line 23 Subtract line 22 from line 20: (59136)  
Line 24 Multiply \$2900 by total exemptions: (11600)  
Line 25 Taxable Income: (47536)  
Line 26 Tax: (7419)  
Line 29 Education credit: (300)  
Line 31 Child Tax credit: (1200)  
Line 32 Adoption credit: (5919)  
Line 33 Total Credits: (7419)  
Line 34 Subtract line 33 from line 26: (0)  
Line 36 Total Tax: (0)  
Line 37 Federal Income Tax Withheld: (2500)  
Line 41 Total Payments: (2500)  
Line 42 Amount Overpaid: (2500)  
Line 43a Refund: (2500)  
  
Taxpayers Occupation: (ACTOR)  
Spouses Occupation: (UNEMPLOYED)  
Taxpayers Daytime Phone Number: (601-555-5430)  
Third Party Designee (NO)

TEST #10: continued:

Form W-2 #1:

b. Employers identification number:	(64-2131415)
c. Employers name address and Zip Code:	(THE GREEK PLAYHOUSE) (98 PARTHANON PLACE) (ROME MS 38768)
d. Employees social security number:	(400-00-1010)
e. Employees name (first, m.i., last):	(TEST J CAESAR)
f. Employees address and Zip code:	(15 IDES OF MARCH PKWY) (ROME MS 38768)
Box 1 Wages, tips, etc.:	(62000)
Box 2 Federal Income Tax Withheld:	(2500)
Box 3 Social Security wages:	(63000)
Box 4 Social Security tax withheld:	(3906)
Box 5 Medicare wages and tips:	(63000)
Box 6 Medicare tax withheld:	(914)
Box 12a See instructions:	(T 1000)
Box 15 State and State ID Number:	(MS 641213)
Box 16 State Wages:	(62000)
Box 17 State Income Tax withheld:	(4340)

TEST #11

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST N BLOWNAPART)  
Social Security Number: (400-00-1011)  
Home Address: (781 WATERLOO WAY)  
City, State, and Zip: (NAPOLEON MI 49261)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
Filing Status: (HEAD OF HOUSEHOLD)  
Dependent #1 Name: (JOSEPHINE BATTLE)  
    Social Security Number: (900-78-3011)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
Dependent #2 Name: (JACKIE CLAWS)  
    Social Security Number: (400-00-4011)  
    Relationship: (Parent)  
    Number of months in home: (12)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (1)  
Number of Dependents not included above: (1)  
Total number in box 6d: (3)  
Line 7 Total wages: (22300)  
Line 15 Total income: (22300)  
Line 19 Adjusted gross income: (22300)  
Line 20 Amount from line 19: (22300)  
Line 22 Standard deduction: (6650)  
Line 23 Subtract line 22 from line 20: (15650)  
Line 24 Multiply \$2900 by Total number in box 6d: (8700)  
Line 25 Taxable income: (6950)  
Line 26 Tax: (1046)  
Line 30 Rate Reduction Credit: (248)  
Line 33 Total Credits: (248)  
Line 34 Subtract line 32 from line 26: (798)  
Line 36 Total Tax: (798)  
Line 37 Federal income tax withheld: (2380)  
Line 41 Total Payments: (2380)  
Line 42 Overpaid: (1582)  
Line 43a Refund: (1582)  
  
    Taxpayers Occupation: (WELDER)  
    Third Party Designee (NO)  
This return was prepared by the taxpayer

TEST #11: continued:

Form W-2 #1:

b. Employers identification number: (38-1425364)  
c. Employers name address and Zip Code: (BONDO MAGIC COMPANY)  
(ONE PLUS ONE DRIVE)  
(NAPOLEON MI 49261)  
d. Employees social security number: (400-00-1011)  
e. Employees name (first, m.i., last): (TEST N BLOWNAPART)  
f. Employees address and Zip code: (781 WATERLOO WAY)  
(NAPOLEON MI 49261)  
Box 1 Wages, tips, etc.: (10800)  
Box 2 Federal Income tax withheld: (1080)  
Box 3 Social Security wages: (10800)  
Box 4 Social Security tax withheld: (670)  
Box 5 Medicare wages and tips: (10800)  
Box 6 Medicare tax withheld: (157)  
Box 15 State and State ID Number: (MI 382176)  
Box 16 State Wages: (10800)  
Box 17 State Income tax withheld: (700)

Form W-2 #2:

b. Employers identification number: (38-3838196)  
c. Employers name address and Zip Code: (WELDERS R WE)  
(8888 CORKSCREW CIRCLE)  
(NAPLOEON MI 49261-8888)  
d. Employees social security number: (400-00-1011)  
e. Employees name (first, m.i., last): (TEST N BLOWNAPART)  
f. Employees address and Zip code: (781 WATERLOO WAY)  
(NAPOLEON MI 49261)  
Box 1 Wages, tips, etc.: (11500)  
Box 2 Federal Income tax withheld: (1300)  
Box 3 Social Security wages: (11500)  
Box 4 Social Security tax withheld: (713)  
Box 5 Medicare wages and tips: (11500)  
Box 6 Medicare tax withheld: (167)  
Box 15 State and State ID Number: (MI 384759)  
Box 16 State Wages: (11500)  
Box 17 State Income tax withheld: (805)

TEST #12

FORMS INCLUDED: FORM 1040A, W-2 (1)

FORM 1040A:

First Name, Initial and Last Name: (TEST U PHROZINTOWES)  
Social Security Number: (400-00-1012)  
Home Address: (1832 NORTH POLE LN)  
City, State, and Zip: (COLDFOOT AK 99701)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)  
Filing Status: (HEAD OF HOUSEHOLD)  
Dependent #1 Name: (JESSICA LEE)  
    Social Security Number: (400-55-3012)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #2 Name: (TAMMY TY)  
    Social Security Number: (400-55-4012)  
    Relationship: (FOSTERCHILD)  
    Number of months in home: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #3 Name: (SAMMY PHROZINTOWES)  
    Social Security Number: (400-55-5012)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit:(X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (3)  
Total number in box 6d:: (4)  
Line 7 Total wages: (21200)  
Line 15 Total income: (21200)  
Line 19 Adjusted gross income: (21200)  
Line 20 Amount from line 19: (21200)  
Line 22 Standard deduction: (6650)  
Line 23 Subtract line 22 from line 20: (14550)  
Line 24 Multiply \$2900 by Total number in box 6d:(11600)  
Line 25 Taxable income: (2950)  
Line 26 Tax: (444)  
Line 27 Credit for child care expenses:(264)  
Line 31 Child tax credit: (180)  
Line 33 Total Credits: (444)  
Line 35 Advance earned income credit: (412)  
Line 36 Total Tax: (412)  
Line 37 Federal Income tax withheld: (2240)  
Line 39a Earned income credit: (1979)  
Line 39b Nontaxable earned income: (1500)  
Line 40 Additional Child tax credit: (1120)  
Line 41 Total Payments: (5339)  
Line 42 Amount overpaid: (4927)  
Line 43a Amount refunded: (4927)  
  
Taxpayers Occupation: (CLERICAL)  
Third Party Designee (YES)  
Third party designee: (JANE SMITH)  
Third party phone number: (123-456-7890)  
Third party PIN number: (34567)





TEST #12: continued:

Form W-2 #1:

b. Employers identification number:	(38-9391949)
c. Employers name address and Zip Code:	(PHRIEZ, EYCICKLE, AND GLACIER)
	(21 APPEAL ST)
	(KANATA ONTARIO K2K1X- 3 .)
d. Employees social security number:	(400-00-1012)
e. Employees name (first, m.i., last):	(TEST U PHROZINTOWES)
f. Employees address and Zip code:	(1832 NORTH POLE LN)
	(COLDFOOT AK 99701)
Box 1 Wages, tips, etc.:	(21200)
Box 2 Federal Income tax withheld:	(2240)
Box 3 Social Security wages:	(22700)
Box 4 Social Security tax withheld:	(1407)
Box 5 Medicare wages and tips:	(22700)
Box 6 Medicare tax withheld:	(329)
Box 9 Advance EIC payment:	(412)
Box 12a See instructions:	(D 1500)
Box 13 Retirement Plan:	(X)
Box 15 State and State ID Number:	(MI 382461)
Box 16 State Wages:	(4800)
Box 17 State Income Tax withheld:	(480)

TEST #13

FORMS INCLUDED: FORM 1040A, 1099-R (2)

FORM 1040A:

First Name, Initial and Last Name: (TEST P BARRELL)  
Social Security Number: (400-00-1013)  
Home Address: (25000 HAM AND BACON JUNCTION)  
City, State, and Zip: (PIG TOWN MD 21230)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES )  
Filing Status: (QUALIFYING WIDOW(ER))  
Year spouse died: (2000)  
Dependent #1 Name: (ROLAND BARRELL)  
    Social Security Number: (400-55-3013)  
    Relationship: (FOSTERCHILD)  
    Number of months in home: (12)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (1)  
Total number in box 6d: (2)  
Line 8a Taxable Interest: (8000)  
Line 11b Taxable IRA distributions: (2500)  
Line 12b Total pensions & annuities: (4500)  
Line 14a Social Security benefits: (1000)  
Line 15 Total income: (15000)  
Line 19 Adjusted gross income: (15000)  
Line 20 Amount from line 19 (15000)  
Line 21a Taxpayer is 65 or older: (X)  
    Number of boxes checked: (1)  
Line 22 Standard deduction: (8500)  
Line 23 Subtract line 22 from line 20: (6500)  
Line 24 Multiply \$2900 by Total number in box 6d:(5800)  
Line 25 Taxable income: (700)  
Line 26 Tax: (107)  
Line 28 Schedule 3 credit: (38)  
Line 33 Total Credits: (38)  
Line 34 Subtract 33 from line 26: (69)  
Line 36 Total Tax: (69)  
Line 37 Federal income tax withheld: (200)  
    LITERAL: (FORM 1099)  
Line 38 2001 Estimated taxes paid: (500)  
Line 41 Total Payments: (700)  
Line 42 Overpaid: (631)  
Line 43a Refund: (506)  
Line 44 Amount applied to 2002 estimated taxes:(125)

Taxpayers Occupation: (RETIRED)  
Third Party Designee (YES)

Third Party Designee: (John Doe)  
Third Party Pin number: (11122)  
Third Party phone number: (888-555-1111)

TEST #13: continued:

Form 1099-R #1:

Payers name address and Zip Code: (OUR SHARE BANK & TRUST)  
(72 MARKET PLACE)  
(PIG TOWN MD 21230-7272)  
Payers identification number: (52-7754541)  
Recipients social security number: (400-00-1013)  
Recipients name (first, m.i., last): (TEST P BARRELL)  
Recipients street address: (25000 HAM AND BACON JUNCTION)  
Recipients city, state, and Zip code: (PIG TOWN, MD 21230)

Box 1 Gross distribution: (2500)  
Box 2 Taxable amount: (2500)  
Box 7 Distribution code: (7)  
Box 7 IRA /SEP Simple: (X)  
Box 11 State (MD)

Form 1099-R #2:

Payers name address and Zip Code: (WEECAN DUETTE LOBBYISTS)  
(1000 BUCKS ST)  
(PIG TOWN MD 21230)  
Payers identification number: (52-9081726)  
Recipients social security number: (400-00-1013)  
Recipients name (first, m.i., last): (TEST P BARRELL)  
Recipients street address: (25000 HAM AND BACON JUNCTION)  
Recipients city, state, and Zip code: (PIG TOWN, MD 21230)

Box 1 Gross distribution: (4500)  
Box 2 Taxable amount: (4500)  
Box 4 Federal Income tax withheld: (200)  
Box 7 Distribution code: (7)  
Box 11 State (MD)

TEST #14

FORMS INCLUDED: FORM 1040, FORM W-2 (20)

FORM 1040:

First Name, Initial and Last Name: (TEST T HUNTER)  
Social Security Number: (400-00-1014)  
Home Address: (1234 LUKE THOMAS BLVD)  
City, State, and Zip: (QUINTON AL 35130)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO )  
Filing Status: (SINGLE)  
Number of boxes checked on 6a and 6b: (1)  
Total number in box 6d: (1)  
Line 7 Total wages: (18260)  
Line 22 Total income: (18260)  
Line 33 Adjusted gross income: (18260)  
Line 34 Amount from line 33: (18260)  
Line 36 Itemized or standard deduction:(4550)  
Line 37 Subtract line 36 from line 34: (13710)  
Line 38 Multiply \$2900 by the Total number in box 6d:(2900)  
Line 39 Taxable income: (10810)  
Line 40 Tax: (1624)  
Line 42 Add lines 40 and 41: (1624)  
Line 52 Subtract line 51 from line 42: (1624)  
Line 54 SS on inc not reported Form 4137: (38)  
Line 58 Total tax: (1662)  
Line 59 Federal income tax withheld: (310)  
Line 61a Earned income credit: (1599)  
Line 61b Nontaxable earned income (25)  
Line 66 Total payments: (1909)  
Line 67 Amount overpaid: (247)  
Line 68a Amount refunded: (247)

Taxpayers Occupation: (MUSICIAN)  
Taxpayers Daytime Phone Number:(205-555-1020)  
Third Party Designee (NO)

TEST #14: continued:

Form W-2 #1:

b. Employers identification number: (63-1234561)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 1)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (500)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (500)  
Box 4 Social Security tax withheld: (31)  
Box 5 Medicare wages and tips: (500)  
Box 6 Medicare tax withheld: (7)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (500)  
Box 17 State Income Tax withheld: (35)

Form W-2 #2:

b. Employers identification number: (63-1234562)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 2)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (2000)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (2000)  
Box 4 Social Security tax withheld: (124)  
Box 5 Medicare wages and tips: (2000)  
Box 6 Medicare tax withheld: (29)  
Box 8 Allocated tips: (500)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (2000)  
Box 17 State Income Tax withheld: (120)

TEST #14: continued:

Form W-2 #3:

b. Employers identification number: (63-1234563)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 3)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (900)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (900)  
Box 4 Social Security tax withheld: (56)  
Box 5 Medicare wages and tips: (900)  
Box 6 Medicare tax withheld: (13)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (900)  
Box 17 State Income Tax withheld: (36)

Form W-2 #4:

b. Employers identification number: (63-1234564)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 4)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (1800)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (1800)  
Box 4 Social Security tax withheld: (112)  
Box 5 Medicare wages and tips: (1800)  
Box 6 Medicare tax withheld: (26)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (1800)  
Box 17 State Income Tax withheld: (126)

TEST #14: continued:

Form W-2 #5:

b. Employers identification number: (63-1234565)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 5)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (755)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (755)  
Box 4 Social Security tax withheld: (47)  
Box 5 Medicare wages and tips: (755)  
Box 6 Medicare tax withheld: (11)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (755)  
Box 17 State Income Tax withheld: (53)

Form W-2 #6:

b. Employers identification number: (63-1234566)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 6)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (1300)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (1300)  
Box 4 Social Security tax withheld: (81)  
Box 5 Medicare wages and tips: (1300)  
Box 6 Medicare tax withheld: (19)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (1300)  
Box 17 State Income Tax withheld: (91)

TEST #14: continued:

Form W-2 #7:

b. Employers identification number: (63-1234567)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 7)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (1400)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (1400)  
Box 4 Social Security tax withheld: (87)  
Box 5 Medicare wages and tips: (1400)  
Box 6 Medicare tax withheld: (20)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (1400)  
Box 17 State Income Tax withheld: (98)

Form W-2 #8:

b. Employers identification number: (63-1234568)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 8)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (300)  
Box 3 Social Security wages: (300)  
Box 4 Social Security tax withheld: (19)  
Box 5 Medicare wages and tips: (300)  
Box 6 Medicare tax withheld: (4)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (300)  
Box 17 State Income Tax withheld: (21)



TEST #14: continued:

Form W-2 #9:

b. Employers identification number: (63-1234569)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 9)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (450)  
Box 3 Social Security wages: (450)  
Box 4 Social Security tax withheld: (28)  
Box 5 Medicare wages and tips: (450)  
Box 6 Medicare tax withheld: (7)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (450)  
Box 17 State Income Tax withheld: (31)

Form W-2 #10:

b. Employers identification number: (63-1234560)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 10)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (475)  
Box 3 Social Security wages: (475)  
Box 4 Social Security tax withheld: (29)  
Box 5 Medicare wages and tips: (475)  
Box 6 Medicare tax withheld: (7)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (475)  
Box 17 State Income Tax withheld: (33)

TEST #14: continued:

Form W-2 #11:

b. Employers identification number: (63-1234511)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 11)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (530)  
Box 2 Federal income tax withheld: (10)  
Box 3 Social Security wages: (530)  
Box 4 Social Security tax withheld: (33)  
Box 5 Medicare wages and tips: (530)  
Box 6 Medicare tax withheld: (8)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (530)  
Box 17 State Income Tax withheld: (37)

Form W-2 #12:

b. Employers identification number: (63-1234512)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 12)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (1100)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (1100)  
Box 4 Social Security tax withheld: (68)  
Box 5 Medicare wages and tips: (1100)  
Box 6 Medicare tax withheld: (16)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (1100)  
Box 17 State Income Tax withheld: (77)

TEST #14: continued:

Form W-2 #13:

b. Employers identification number: (63-1234513)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 13)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (275)  
Box 3 Social Security wages: (275)  
Box 4 Social Security tax withheld: (17)  
Box 5 Medicare wages and tips: (275)  
Box 6 Medicare tax withheld: (4)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (275)  
Box 17 State Income Tax withheld: (19)

Form W-2 #14:

b. Employers identification number: (63-1234514)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 14)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (980)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (980)  
Box 4 Social Security tax withheld: (61)  
Box 5 Medicare wages and tips: (980)  
Box 6 Medicare tax withheld: (14)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (980)  
Box 17 State Income Tax withheld: (69)

TEST #14: continued:

Form W-2 #15:

b. Employers identification number: (63-1234515)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 15)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (780)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (780)  
Box 4 Social Security tax withheld: (48)  
Box 5 Medicare wages and tips: (780)  
Box 6 Medicare tax withheld: (11)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (780)  
Box 17 State Income Tax withheld: (55)

Form W-2 #16:

b. Employers identification number: (63-1234516)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 16)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (400)  
Box 2 Federal income tax withheld: (10)  
Box 3 Social Security wages: (400)  
Box 4 Social Security tax withheld: (25)  
Box 5 Medicare wages and tips: (400)  
Box 6 Medicare tax withheld: (6)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (400)  
Box 17 State Income Tax withheld: (28)

TEST #14: continued:

Form W-2 #17:

b. Employers identification number: (63-1234517)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 17)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (830)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (830)  
Box 4 Social Security tax withheld: (51)  
Box 5 Medicare wages and tips: (830)  
Box 6 Medicare tax withheld: (12)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (830)  
Box 17 State Income Tax withheld: (58)

Form W-2 #18:

b. Employers identification number: (63-1234518)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 18)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (670)  
Box 2 Federal income tax withheld: (20)  
Box 3 Social Security wages: (670)  
Box 4 Social Security tax withheld: (42)  
Box 5 Medicare wages and tips: (670)  
Box 6 Medicare tax withheld: (10)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (670)  
Box 17 State Income Tax withheld: (47)

TEST #14: continued:

Form W-2 #19:

b. Employers identification number: (63-1234519)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 19)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (540)  
Box 3 Social Security wages: (540)  
Box 4 Social Security tax withheld: (33)  
Box 5 Medicare wages and tips: (540)  
Box 6 Medicare tax withheld: (8)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (540)  
Box 17 State Income Tax withheld: (38)

Form W-2 #20:

b. Employers identification number: (63-1234520)  
c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 20)  
(123 JAMES STREET)  
(QUINTON AL 35130)  
d. Employees social security number: (400-00-1014)  
e. Employees name (first, m.i., last): (TEST T HUNTER)  
f. Employees address and Zip code: (123 SAMS STREET)  
(QUINTON AL 35130)  
Box 1 Wages, tips, etc.: (1775)  
Box 2 Federal income tax withheld: (50)  
Box 3 Social Security wages: (1775)  
Box 4 Social Security tax withheld: (110)  
Box 5 Medicare wages and tips: (1775)  
Box 6 Medicare tax withheld: (26)  
Box 15 State and State ID Number: (AL 63123)  
Box 16 State Wages: (1775)  
Box 17 State Income Tax withheld: (124)

TEST #15

FORMS INCLUDED: FORM 1040, FORM W-2 (1), 1099-R (3) , 2439 (1)

FORM 1040:

First Name, Initial and Last Name: (TEST A HOAGIE)  
Social Security Number: (400-00-1015)  
Spouse's First Name, Initial, and Last Name: (TUNA S HOAGIE)  
Spouse's Social Security Number: (400-00-2015)  
Home Address: (123 FRONT ST)  
City, State, and Zip: (PUNTA GORDA BELIZE)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
If joint return, Does Taxpayers spouse want \$3.00 to go to this fund: (YES)  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 7 Total wages: (5000)  
Line 12 Schedule C - gain or (loss): (15000)  
Line 13 Schedule D - gain or (loss): (2852)  
Line 15a Total IRA distributions: (11500)  
Line 15b Taxable IRA distributions: (10000)  
Line 16a Total pensions & annuities: (46000)  
Line 16b Taxable pensions & annuities: (44000)  
Line 21 Other income - LITERAL: (Statement #1)  
(FORM 2555 -12815)  
(FORM 2555 -5000)  
Line 21 Total other income: (-17815)  
Line 22 Total income: (59037)  
Line 27 One-half self employment tax: (1060)  
Line 28 Self-employed Health insurance: (1125)  
Line 32 Add lines 23 through 31a: (2185)  
Line 33 Adjusted gross income: (56852)  
Line 34 Amount from line 33: (56852)  
Line 35a You were 65 or older: (X)  
Line 35a Add the number of boxes checked (1)  
Line 36 Itemized or standard deduction: (8500)  
Line 37 Subtract line 36 from line 34: (48352)  
Line 38 Multiply \$2900 by the Total number in box 6d: (5800)  
Line 39 Taxable income: (42552)  
Line 40 Tax: (11324)  
Line 40b Form 4972: (X)  
Line 42 Add lines 40 and 41: (11324)  
Line 47 Rate Reduction credit: (100)  
Line 51 Total credits: (100)  
Line 52 Subtract line 51 from line 42: (11224)  
Line 53 Self-employment tax: (2120)  
Line 58 Total tax: (13344)  
Line 59 Federal income tax withheld: (13000)  
LITERAL: (FORM 1099)  
Line 65 Other payments: (100)  
Line 65a Form 2439: (X)  
Line 66 Total payments: (13100)  
Line 70 Amount you owe: (244)  
Taxpayers Occupation: (SPORT FISHING GUIDE)  
Spouses Occupation: (WAITRESS)  
Third Party Designee (YES)

TEST #15: continued

Third Party Designee:	(John Doe)
Third Party phone number:	(888-555-1111)
Third Party Pin number:	(11122)



TEST #15: continued:

Form W-2 #1:

b. Employers identification number: (99-1234567)  
c. Employers name address and Zip Code: (RONS RIB RACK ON THE RIVER)  
(15 RIVERFRONT RD)  
(PUNTA GORDA BELIZE .)  
d. Employees social security number: (400-00-2015)  
e. Employees name (first, m.i., last): (TUNA S HOAGIE)  
f. Employees address and Zip code: (123 FRONT ST)  
(PUNTA GORDA BELIZE .)  
Box 1 Wages, tips, etc.: (5000)  
Box 3 Social Security wages: (5000)  
Box 4 Social Security tax withheld: (310)  
Box 5 Medicare wages and tips: (5000)  
Box 6 Medicare tax withheld: (73)

Form 1099-R #1:

Payers name address and Zip Code: (PROVOLONE CREDIT UNION)  
(106 PROVOLONE CENTER)  
(SANDWICH MA 02563)  
Payers identification number: (04-2131324)  
Recipients social security number: (400-00-1015)  
Recipients name (first, m.i., last): (TEST A HOAGIE)  
Recipients Street Address: (123 FRONT ST)  
Recipients City, State, Zip: (PUNTA GORDA BELIZE .)  
Box 1 Gross distribution: (11500)  
Box 2a Taxable amount: (10000)  
Box 4 Federal Income tax withheld: (2000)  
Box 7 Distribution code: (7)  
Box 7 IRA /SEP Simple: (X)  
Box 11 State: (MA)

TEST #15: continued:

Form 1099-R #2:

Payers name address and Zip Code: (PUMPERNICKLE RYE AND HOAGIE)  
(87 SUBWAY CENTER)  
(SANDWICH MA 02563)  
Payers identification number: (04-9876542)  
Recipients social security number: (400-00-2015)  
Recipients name (first, m.i., last): (TUNA S HOAGIE)  
Recipients Street Address: (123 FRONT ST)  
Recipients City, State, Zip: (PUNTA GORDA BELIZE .)

Box 1 Gross distribution: (46000)  
Box 2a Taxable amount: (44000)  
Box 3 Capital gain: (8000)  
Box 4 Federal Income tax withheld: (8800)  
Box 7 Distribution code: (7)  
Box 11 State: (MA)

Form 1099-R #3:

Payers name address and Zip Code: (ASSOCIATED RETIREMENT)  
(1402 RESTFUL WAY)  
(ATLANTA GA 30301)  
Payers identification number: (04-1466321)  
Recipients social security number: (400-00-1015)  
Recipients name (first, m.i., last): (TEST A HOAGIE)  
Recipients Street Address: (123 FRONT ST)  
Recipients City, State, Zip: (PUNTA GORDA BELIZE .)

Box 1 Gross distribution: (43800)  
Box 2a Taxable amount: (43800)  
Box 3 Capital gain: (8000)  
Box 4 Federal Income tax withheld: (2200)  
Box 7 Distribution code: (7A)  
Box 11 State: (MA)

Form 2439 #1:

Regulated Investment company: (ACME INVESTMENT CORP)  
Inv company street address: (2041 INVEST STREET)  
Investment City, State, Zip: (AUSTIN TEXAS 78774)

Investment Co ID number: (111111111)

Shareholders name (first, m.i., last): (TEST A HOAGIE)  
Shareholders Street Address: (123 FRONT ST)  
Shareholders City, State, Zip: (PUNTA GORDA BELIZE .)

Box 1a Total undistributed long term capital gains: (2000)  
Box 2 Tax paid by Investment company: (100)

TEST #16

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST L TONTO SR)  
Social Security Number: (400-00-1016)  
Spouse's Name, Initial and Last Name: (SILVER N TONTO)  
Spouse's Social Security Number: (400-00-2016)  
Home Address: (21 LONE RANGER CIR)  
City, State, and Zip: (SMOKE SIGNAL AZ 86503)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO )  
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:(NO )  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 12 Schedule C gain or (loss): (39126)  
Line 14 Form 4797 other gain or (loss):(-2040)  
Line 22 Total income: (37086)  
Line 27 One-half self-employment tax: (2764)  
Line 29 Keogh or SEP plan: (750)  
Line 32 Total adjustments: (3514)  
Line 33 Adjusted gross income: (33572)  
Line 34 Amount from line 33: (33572)  
Line 35a Spouse was blind: (X)  
Line 35a Number of boxes checked: (1)  
Line 36 Itemized or standard deduction:(8500)  
Line 37 Subtract line 36 from line 34: (25072)  
Line 38 Multiply \$2900 by the Total number in box 6d:(5800)  
Line 39 Taxable income: (19272)  
Line 40 Tax: (2891)  
Line 42 Add lines 40 and 41: (2891)  
Line 52 Subtract line 51 from line 42. (2891)  
Line 53 Self-employment tax: (5528)  
Line 57 Household Emp taxes Sch H: (306)  
Line 58 Total tax: (8725)  
Line 59 2001 estimated tax payments: (8500)  
Line 66 Total payments: (8500)  
Line 70 Amount you owe: (225)  
  
Taxpayers Occupation: (SELF-EMPLOYED)  
Spouses Occupation: (SELF-EMPLOYED)  
Third Party Designee: (NO)

Return was prepared by VITA

TEST #17

FORMS INCLUDED: FORM 1040, W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST R DE LA HALO)  
Social Security Number: (400-00-1017)  
Spouse's Name, Initial and Last Name: (RUBY D MONDAY)  
Spouse's Social Security Number: (400-00-2017)  
Home Address: (7 HEAVENS LN)  
City, State, and Zip: (BETHLEHEM KY 40007)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO )  
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:(NO )  
Filing Status: (MARRIED FILING JOINTLY)  
Literal: (STATEMENT #1)  
Dependent #1 Name: (ANGELA DE LA HALO)  
    Social Security Number: (400-55-3017)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #2 Name: (GABRIEL DE LA HALO)  
    Social Security Number: (400-55-4017)  
    Relationship: (SON)  
    Number of months: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #3 Name: (MICHAEL MONDAY)  
    Social Security Number: (400-55-5017)  
    Relationship: (SON)  
    Number of months: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #4 Name: (LUCKY MONDAY)  
    Social Security Number: (400-55-6017)  
    Relationship: (DAUGHTER)  
    Number of months: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #5 Name: (ARCHIBALD DE LA HALO)  
    Social Security Number: (900-93-7017)  
    Relationship: (SON)  
    Number of months: (12)  
    Qualifying child for child tax credit:(X)  
Dependent #6 Name: (DAVID SAINT)  
    Social Security Number: (400-55-8017)  
    Relationship: (PARENT)  
    Number of months: (00)  
Dependent #7 Name: (MARY SAINT)  
    Social Security Number: (400-55-9017)  
    Relationship: (PARENT)  
    Number of months: (00)

TEST #17: continued:

Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(5)
Number of other dependents:	(2)
Total number in box 6d:	(9)
Line 7 Total wages:	(78800)
Line 12 Schedule C income or (loss):	(12161)
Line 19 Unemployment compensation:	(2670)
Line 22 Total income:	(93631)
Line 26 Moving Expenses:	(263)
Line 27 One-half self-employment tax:	(808)
Line 32 Total adjustments:	(1071)
Line 33 Adjusted gross income:	(92560)
Line 34 Amount from line 33:	(92560)
Line 36 Itemized or standard deduction:	(7835)
Line 37 Subtract line 36 from line 34:	(84725)
Line 38 Multiply \$2900 by the Total number in box 6d:)	(26100)
Line 39 Taxable income:	(58625)
Line 40 Tax:	(10472)
Line 42 Add line 40 and 41:	(10472)
Line 48 Child tax credit:	(3000)
Line 49 Adoption credit:	(2805)
Line 51 Total credits:	(5805)
Line 52 Subtract line 51 from line 42:	(4667)
Line 53 Self-employment tax:	(1615)
Line 58 Total tax:	(6282)
Line 59 Federal Income tax withheld:	(10878)
Line 60 2001 estimated tax payments:	(500)
Line 62 Excess SS & RRTA tax withheld:	(198)
Line 66 Total payments:	(11576)
Line 67 Amount overpaid:	(5294)
Line 68a Amount refunded:	(5294)

Taxpayers Occupation:	(TREE TRIMMER)
Spouses Occupation:	(ANIMAL TRAINER)
Third Party Designee	(NO)

TEST #17: continued:

Form W-2 #1:

b. Employers identification number: (61-6270532)  
c. Employers name address and Zip Code: (ANIMAL STAR CIRCUS)  
(RR 72 BOX 187)  
(BETHLEHEM KY 40007)  
d. Employees social security number: (400-00-2017)  
e. Employees name (first, m.i., last): (RUBY D MONDAY)  
f. Employees address and Zip code: (7 HEAVENS LN)  
(BETHLEHEM KY 40007)  
Box 1 Wages, tips, etc.: (75600)  
Box 2 Federal Income Tax Withheld: (10800)  
Box 3 Social Security wages: (80400)  
Box 4 Social Security tax withheld: (4985)  
Box 5 Medicare wages and tips: (80400)  
Box 6 Medicare tax withheld: (1166)  
Box 12a See instructions: (P 1000)  
Box 12b See instructions: (D 600)  
Box 15 State and State ID Number: (KY 617283)  
Box 16 State Wages: (75600)  
Box 17 State Income Tax withheld: (1250)

Form W-2 #2: (THIS IS A NON-STANDARD W-2)

b. Employers identification number: (61-2987342)  
c. Employers name address and Zip Code: (FICA CIRCUS)  
(123 BLUEBIRD CIRCLE)  
(BETHLEHEM KY 40007)  
d. Employees social security number: (400-00-2017)  
e. Employees name (first, m.i., last): (RUBY D MONDAY)  
f. Employees address and Zip code: (7 HEAVENS LN)  
(BETHLEHEM KY 40007)  
Box 1 Wages, tips, etc.: (3200)  
Box 2 Federal Income Tax Withheld: (78)  
Box 3 Social Security wages: (3200)  
Box 4 Social Security tax withheld: (198)  
Box 5 Medicare wages and tips: (3200)  
Box 6 Medicare tax withheld: (46)  
Box 15 State and State ID Number: (KY 619823)  
Box 16 State Wages: (3200)  
Box 17 State Income Tax withheld: (23)

TEST #18

FORMS INCLUDED: FORM 1040, Form W-2 (1), Form W-2G (1), FORM 1099-R (1)

FORM 1040:

First Name, Initial and Last Name: (TEST T ISLANDER)  
Social Security Number: (400-00-1018)  
Home Address: (123 PLAY HERE ST)  
City, State, and Zip: (WASHINGTON DC 20011)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)  
Filing Status: (HEAD OF HOUSEHOLD)  
Qualifying person's name: (MICHAEL ISLANDER)  
Qualifying person's social security number:(400-55-3018)  
Number of boxes checked on 6a and 6b: (1)  
Total number in box 6d: (1)  
Line 12 Schedule C income or (loss): (15075)  
Line 16b Taxable pensions & annuities: (3000)  
Line 21 Other income - LITERAL: (BLACKJACK 5000)  
Line 21 Total other income: (5000)  
Line 22 Total income: (23075)  
Line 33 Adjusted gross income: (23075)  
Line 34 Amount from line 33: (23075)  
Line 36 Itemized or standard deduction:(6650)  
Line 37 Subtract line 36 from line 34: (16425)  
Line 38 Multiply \$2900 by the Total number in box 6d:(2900)  
Line 39 Taxable income: (13525)  
Line 40 Tax: (2029)  
Line 42 Add lines 40 and 41: (2029)  
Line 47 Rate Reduction Credit: (200)  
Line 50 Other credits: (1829)  
Line 50d Form 8859: (X)  
Line 51 Total credits: (2029)  
Line 52 Subtract line 51 from line 42: (0)  
Line 55 Tax on qualified retirement plans:(150)  
Line 58 Total tax: (150)  
Line 59 Federal Income tax withheld: (3500)  
Line 66 Total payments: (3500)  
Line 67 Amount overpaid: (3350)  
Line 68a Amount refunded to you: (3350)  
Line 68b Routing transit number: (024567891)  
Line 68c Type - Savings: (X)  
Line 68d Account number: (ABC-123-4567890)  
  
Taxpayers Occupation: (INSURANCE BROKER)  
Third Party Designee: (NO)

TEST #18: continued:

Form W-2 #1:

b. Employers identification number: (58-2346821)  
c. Employers name address and Zip Code: (OUT OF STATE INSURANCE SERVICES)  
(7000 SIX FLAGS DR)  
(ATLANTA GA 30301)  
d. Employees social security number : (400-00-1018)  
e. Employees name (first, m.i., last): (TEST T ISLANDER)  
f. Employees address and Zip code: (123 PLAY HERE ST)  
(WASHINGTON DC 20011)  
Box 1 Wages, tips, etc.: (28900)  
Box 2 Federal Income Tax Withheld: (3000)  
Box 3 Social Security wages: (28900)  
Box 4 Social Security tax withheld: (1792)  
Box 5 Medicare wages and tips: (28900)  
Box 6 Medicare tax withheld: (419)  
Box 13 Statutory employee: (X)  
Box 15 State and State ID Number: (GA 5879871)  
Box 16 State Wages: (28900)  
Box 17 State Income tax withheld: (2023)

Form W-2G #1:

Payers name, address and Zip codes: (GULF CRUISE LINES)  
(DOCK 106 HARBOR ROW)  
(DESTIN FL 32540)  
Payers identification number: (65-7294862)  
Winners name address and Zip code: (TEST T ISLANDER)  
(123 PLAY HERE ST)  
(WASHINGTON DC 20011)  
Box 1 Gross winnings: (5000)  
Box 2 Federal Income tax withheld: (500)  
Box 3 Type of wager: (BLACKJACK)  
Box 4 Date won: (02-14-2001)  
Box 9 Winner's taxpayer ID No.: (400-00-1018)  
Box 13 State/Payer's state ID No.: (GA 5822768)



TEST #18: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(VACATION INSURANCE SERVICES)
	(93 BAY ST)
	(DESTIN FL 32540)
Payers identification number:	(65-9687321)
Recipients social security number:	(400-00-1018)
Recipients name (first, m.i., last):	(TEST T ISLANDER)
Recipients street address:	(123 PLAY HERE ST)
Recipients city state and Zip code:	(WASHINGTON DC 20011)

Box 1	Gross distribution:	(3000)
Box 2a	Taxable amount:	(3000)
Box 2b	Total distribution:	(X)
Box 7	Distribution code:	(1)

TEST #19

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST O OLYMPICS)  
Social Security Number: (400-00-1019)  
Home Address: (121 TORCH ST)  
City, State, and Zip: (ATLANTA GA 30301)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES )  
Filing Status: (QUALIFYING WIDOW(ER))  
Year Spouse Died: (2000)  
Dependent #1 Name: (WENDY OLYMPICS)  
    Social Security Number: (400-55-3019)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit:(X)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (1)  
Total number in box 6d: (2)  
Line 8a Taxable interest: (22482)  
Line 8b Tax-exempt interest: (35699)  
Line 9 Dividend income: (16166)  
Line 13 Capital gain or loss: (33265)  
Line 22 Total income: (71913)  
Line 33 Adjusted gross income: (71913)  
Line 34 Amount from line 33: (71913)  
Line 36 Itemized or standard deduction:(34044)  
Line 37 Subtract line 36 from line 34:(37869)  
Line 38 Multiply \$2900 by the Total number in box 6d:(5800)  
Line 39 Taxable income: (32069)  
Line 40 Tax: (4811)  
Line 41 Alternative min tax Form 6251:(2235)  
Line 42 Add lines 40 and 41: (7046)  
Line 48 Child tax credit: (600)  
Line 49c Form 8801: (X)  
Line 51 Total credits: (600)  
Line 52 Subtract line 51 from line 42:(6446)  
Line 58 Total tax: (6446)  
Line 60 2000 estimated tax payments: (7300)  
Line 66 Total payments: (7300)  
Line 67 Amount overpaid: (854)  
Line 68a Refunded: (854)  
  
Taxpayers Occupation: (INVESTMENT SPECIALIST)  
Taxpayers Daytime Phone number:(404-555-1020)  
Third Party Designee: (NO)

TEST #20

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST T LIVINGWATERS)  
Social Security Number: (400-00-1020)  
Spouse's Name, Initial and Last Name: (ISABEL H LIVINGWATERS)  
Spouse's Social Security Number: (400-00-2020)  
Home Address: (341 RONALD RD)  
City, State, and Zip: (HULL IL 62343)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES)  
If filing joint, does Taxpayers spouse want \$3.00 to go to this fund:(YES )  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 13 Schedule D capital gain or (loss): (1000)  
Line 14 Form 4797 other gain or (loss):(3338)  
Line 18 Schedule F income or (loss): (17139)  
Line 20a Social Security Benefits (2200)  
Line 22 Total income: (21477)  
Line 27 One-half of self-employment tax:(1211)  
Line 32 Total adjustments: (1211)  
Line 33 Adjusted gross income: (20266)  
Line 34 Amount from line 33: (20266)  
Line 35a Taxpayer is 65/older: (X)  
Taxpayer is blind: (X)  
Spouse is 65/older: (X)  
Total number of boxes checked: (3)  
Line 36 Itemized or standard deduction:(10300)  
Line 37 Subtract line 36 from line 34: (9966)  
Line 38 Multiply \$2900 by the Total number in box 6d:(5800)  
Line 39 Taxable income: (4166)  
Line 40 Tax: (624)  
Line 42 Add lines 40 and 41: (624)  
Line 45 Schedule R credit: (25)  
Line 51 Total credits: (25)  
Line 52 Subtract line 51 from line 42: (599)  
Line 53 Self-employment tax: (2422)  
Line 58 Total tax: (5359)  
LITERAL: (ICR 2000)  
LITERAL: (FMSR 338)  
Line 60 2000 estimated tax payments: (3000)  
Line 66 Total payments: (3000)  
Line 70 Amount you owe: (2365)  
Line 71 Estimated tax penalty: (6)  
  
Taxpayers Occupation: (RETIRED)  
Spouses Occupation: (FARMER)  
Third Party Designee: (NO)

TEST #21

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST L CHARITY)  
Social Security Number: (400-00-1021)  
Spouse's First Name, Initial, and Last Name: (MARY B CHARITY)  
Spouse's Social Security Number: (400-00-2021)  
Home Address: (923 HOPE ST)  
City, State, and Zip: (FAITH NC 28041-0923)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (JEFFREY CHARITY)  
    Social Security Number: (400-55-3021)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #2 Name: (SAMUEL CHARITY)  
    Social Security Number: (400-55-4021)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #3 Name: (SANDRA CHARITY)  
    Social Security Number: (400-55-5021)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (2)  
Number of children who lived with you: (3)  
Total number in box 6d: (5)  
Line 7 Total wages: (38840)  
Line 13 Schedule D capital gain or loss: (65)  
Line 17 Schedule E income or loss: (16456)  
Line 21 Other income - LITERAL: (FORM 8814 1850)  
    Total other income: (1850)  
Line 22 Total income: (57211)  
Line 23 IRA deduction: (2960)  
Line 31a Alimony paid: (1200)  
Line 31b Recipient's SSN: (400-66-2021)  
Line 31 LITERAL: (SUB-PAY TRA 400)  
Line 32 Total adjustments: (4560)  
Line 33 Adjusted gross income: (52651)

TEST #21: continued:

Line 34	Amount from line 33:	(52651)
Line 36	Itemized or standard deduction:	(7993)
Line 37	Subtract line 36 from line 34:	(44658)
Line 38	Multiply \$2900 by the number of exemptions:	(14500)
Line 39	Taxable income:	(30158)
Line 40	Tax:	(4686)
Line 40a	Form 8814:	(X)
Line 42	Add lines 40 and 41:	(4686)
Line 48	Child tax credit:	(1800)
Line 51	Total Credits:	(1800)
Line 52	Subtract line 51 from line 42:	(2886)
Line 58	Total tax:	(2886)
Line 59	Federal income tax withheld:	(2970)
Line 60	2000 estimated tax payments:	(2000)
Line 66	Total payments:	(4970)
Line 67	Amount overpaid:	(2084)
Line 68a	Amount refunded:	(1684)
Line 69	Amount applied to 2001 estimated tax:	(400)

Third Party Designee	(NO)
Taxpayers Occupation:	(SUPERVISOR)
Spouses Occupation:	(REAL ESTATE PROFESSIONAL)

Return prepared by taxpayer

TEST #21: continued:

Form W-2 #1:

b. Employers identification number: (56-1241111)  
c. Employers name address and Zip Code: (WORKINGHARD INDUSTRIES)  
(280 LABOR ST)  
(FAITH NC 28041-0280)  
d. Employees social security number: (400-00-1021)  
e. Employees name (first, m.i., last): (TEST L CHARITY)  
f. Employees address and Zip code: (923 HOPE ST)  
(FAITH NC 28041-0923)  
Box 1 Wages, tips, etc.: (32000)  
Box 2 Federal Income tax withheld: (2180)  
Box 3 Social Security wages: (32000)  
Box 4 Social Security tax withheld: (1984)  
Box 5 Medicare wages and tips: (32000)  
Box 6 Medicare tax withheld: (464)  
Box 12a See instructions: (L 350)  
Box 13 Retmnt Plan: (X)  
Box 15 State and State ID Number: (NC 562211)  
Box 16 State Wages: (32000)  
Box 17 State Income tax withheld: (920)

Form W-2 #2:

b. Employers identification number: (56-3046224)  
c. Employers name address and Zip Code: (GOLD BLAZER REAL ESTATE)  
(459 DWELLING AVE)  
(FAITH NC 28041)  
d. Employees social security number: (400-00-2021)  
e. Employees name (first, m.i., last): (MARY B CHARITY)  
f. Employees address and Zip code: (923 HOPE ST)  
(FAITH NC 28041-0923)  
Box 1 Wages, tips, etc.: (6840)  
Box 2 Federal Income tax withheld: (790)  
Box 3 Social Security wages: (6840)  
Box 4 Social Security tax withheld: (424)  
Box 5 Medicare wages and tips: (6840)  
Box 6 Medicare tax withheld: (99)  
Box 12a See instructions: (L 575)  
Box 13 Retmnt Plan: (X)  
Box 15 State and State ID Number: (NC 563754)  
Box 16 State Wages: (6840)  
Box 17 State Income tax withheld: (75)

TEST #22

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name:	(TEST T THOMAS)
Social Security Number:	(400-00-1022)
Spouse's Social Security Number:	(400-00-2022)
Home Address:	(511 JONATHAN CAROL BLVD)
City, State, and Zip:	(JEWELL OH 43530)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(CLARA THOMAS)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(979)
Line 17 Schedule E income or (loss):	(20820)
Line 22 Total income:	(21799)
Line 27 One-half self-employment:	(378)
Line 32 Total adjustments:	(378)
Line 33 Adjusted gross income:	(21421)
Line 34 Amount from line 33:	(21421)
Line 35b MFS and spouse itemized:	(X)
Line 36 Itemized or standard deduction:	(2360)
Line 37 Subtract line 36 from line 34:	(19061)
Line 38 Multiply \$2900 by the number of exemptions:	(2900)
Line 39 Taxable income:	(16161)
Line 40 Tax:	(2426)
Line 42 Add lines 40 and 41:	(2426)
Line 52 Subtract line 51 from line 42:	(2426)
Line 53 Self-employment tax:	(755)
Line 58 Total tax:	(3181)
Line 60 2001 estimated tax payments:	(2800)
Line 64 Form 4868 amount paid:	(300)
Line 66 Total payments:	(3100)
Line 70 Amount you owe:	(81)
Taxpayers Occupation:	(ENTREPRENEUR)
Third Party Designee:	(YES)
Third Party Name:	(JOHN DOE)
Third Party Phone:	(888-555-1111)
Third Party PIN:	(11122 )

TEST #23

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (1)

FORM 1040:

First Name, Initial and Last Name: (TEST F STILES)  
Social Security Number: (400-00-1023)  
Home Address: (4664 COUSINS PL)  
City, State, and Zip: (TILLAMOOK OR 97141)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO )  
Filing Status: (SINGLE)  
Number of boxes checked on 6a and 6b: (1)  
Total number in box 6d: (1)  
Line 7 Total wages: (17400)  
Line 8a Taxable interest: (4300)  
Line 9 Dividend income: (6190)  
Line 13 Schedule D Capital gain or (loss):(1186)  
Line 17 Schedule E income or (loss): (23200)  
Line 22 Total income: (52276)  
Line 33 Adjusted gross income: (52276)  
Line 34 Amount from line 33: (52276)  
Line 36 Itemized or standard deduction:(4550)  
Line 37 Subtract line 36 from line 34:(47726)  
Line 38 Multiply \$2900 by the number of exemptions:(2900)  
Line 39 Taxable income: (44826)  
Line 40 Tax: (8938)  
Line 40b Form 4972: (X)  
Line 42 Add lines 40 and 41: (8938)  
Line 43 Form 1116 Foreign tax credit: (3500)  
Line 51 Total credits: (3500)  
Line 52 Subtract line 51 from line 42:(5438)  
Line 58 Total tax: (5438)  
Line 59 Federal income tax withheld: (2580)  
LITERAL: (FORM 1099)  
Line 60 2000 estimated tax payments: (2500)  
Line 66 Total payments: (5080)  
Line 70 Amount you owe: (358)  
  
Taxpayers Occupation: (STOCK BROKER)  
Third Party Designee: (NO)



TEST #23: continued:

Form W-2 #1:

b. Employers identification number: (93-1422446)  
c. Employers name address and Zip Code: (MEXICO AVENTURAS)  
(RIO LERMA NO 1665 81000 XALAPA)  
( VERACRUZ .)  
d. Employees social security number: (400-00-1023)  
e. Employees name (first, m.i., last): (TEST F STILES)  
f. Employees address and Zip code: (4664 COUSINS PL)  
(TILLAMOOK OR 97141)  
Box 1 Wages, tips, etc.: (17400)  
Box 2 Federal Income tax withheld: (2100)  
Box 3 Social Security wages: (17400)  
Box 4 Social Security tax withheld: (1079)  
Box 5 Medicare wages and tips: (17400)  
Box 6 Medicare tax withheld: (252)  
Box 14 Other: (FOR TAX 1600)  
Box 15 State and State ID Number: (OR 934142)  
Box 16 State Wages: (17400)  
Box 17 State Income tax withheld: (1023)

Form 1099 #1:

Payers name address and Zip Code: (CANADIAN RETIREMENT SYSTEM)  
(359 QUEBEC BLVD)  
(KANATA ONTARIO K2K1X3 .)  
Payers identification number: (99-5244433)  
Recipients identification number: (400-00-1023)  
Recipients name (first, m.i., last): (TEST F STILES)  
Recipients street address: (4664 COUSINS PL)  
Recipients city state and Zip code: (TILLAMOOK OR 97141)

Box 1 Gross distribution: (3800)  
Box 2a Taxable Amount: (3800)  
Box 2b Total Distribution: (X)  
Box 4 Federal income tax withheld: (480)  
Box 7 Distribution Code: (4A)  
Box 9a Percentage of total: (50)  
Box 13 Local tax withheld: (420)  
Box 14 Name of locality: (CANADA)  
Box 15 Local distribution: (3800)

TEST #24

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST E RATT)  
Social Security Number: (400-00-1024)  
Spouse's First Name, Initial, and Last Name: (WHARF B RATT)  
Spouse's Social Security Number: (400-00-2024)  
Home Address: (452 MOUSETRAP CT)  
City, State, and Zip: (CHEESETOWN PA 17201)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES )  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (YES)  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 8a Taxable interest: (390)  
Line 14 Form 4797 gain or (loss): (84)  
Line 17 Schedule E income or (loss): (10858)  
Line 18 Schedule F income or (loss): (9086)  
Line 22 Total income: (20418)  
Line 27 One-half of self-employment tax: (642)  
Line 32 Total adjustments: (642)  
Line 33 Adjusted gross income: (19776)  
Line 34 Amount from line 33: (19776)  
Line 36 Itemized or standard deduction: (9217)  
Line 37 Subtract line 36 from line 34: (10559)  
Line 38 Multiply \$2900 by the number of exemptions: (5800)  
Line 39 Taxable income: (4759)  
Line 40 Tax: (716)  
Line 42 Add lines 40 and 41: (716)  
Line 49 Other credits: (255)  
Line 49b Form 8396: (X)  
Line 51 Total credits: (255)  
Line 52 Subtract line 51 from line 42: (461)  
Line 53 Self-employment tax: (1284)  
Line 58 Total tax: (1745)  
Line 70 Amount you owe: (1745)  
Line 71 Estimated tax penalty: (0)  
  
Taxpayers Occupation: (FARMER)  
Spouses Occupation: (FARMER)  
Third Party Designee: (YES)  
Third Party Name: (JOHN DOE)  
Third Party Phone: (888-555-1111)  
Third Party PIN: (11122 )

TEST #25

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST J CADEN)  
Social Security Number: (400-00-1025)  
Home Address: (USS ROBERT E LEE)  
City, State, and Zip: (FPO AP 96222)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES )  
Filing Status: (HEAD OF HOUSEHOLD)  
Dependent #1 Name: (JASMINE CADEN)  
    Social Security Number: (400-55-3025)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
Number of boxes checked on 6a and 6b: (1)  
Number of children who lived with you: (1)  
Total number in box 6d: (2)  
Line 7 Total Wages: (26600)  
Line 8a Taxable interest: (1025)  
Line 8b Tax-exempt interest: (80)  
Line 9 Dividend income: (120)  
Line 10 Taxable refunds, credits, etc:(180)  
Line 11 Alimony received: (12000)  
Line 12 Schedule C income or (loss): (-1488)  
Line 13 Capital gain or loss: (25)  
Line 13 If not required, check here: (X)  
Line 17 Schedule E income or (loss): (254)  
Line 18 Schedule F income or (loss): (95)  
Line 22 Total income: (38811)  
Line 24 Student loan interest deduction:(131)  
Line 26 Moving expenses: (807)  
Line 30 Penalty on early withdrawal: (26)  
Line 32 Total adjustments: (964)  
Line 33 Adjusted gross income: (37847)  
Line 34 Amount from line 33: (37847)  
Line 36 Itemized or standard deduction:(6650)  
Line 37 Subtract line 36 from line 34:(31197)  
Line 38 Multiply \$2900 by the number of exemptions:(5800)  
Line 39 Taxable income: (25397)  
Line 40 Tax: (3806)  
Line 42 Add lines 40 and 41: (3806)  
Line 46 Education credits: (1500)  
Line 51 Total credits: (1500)  
Line 52 Subtract line 51 from line 42:(2306)  
Line 58 Total tax: (2306)  
Line 59 Federal income tax withheld: (1410)  
Line 66 Total payments: (1410)  
Line 70 Amount You Owe: (896)  
  
Taxpayers Occupation: (SAILOR)  
Third Party Designee: (YES)  
Third Party Designee: (John Doe)  
Phone Number: (888-555-1111)  
PIN: (11122)

TEST #25: continued:

Form W-2 #1:

b. Employers identification number: (99-1236541)  
c. Employers name address and Zip Code: (US NAVY)  
(1100 MILITARY AVE)  
(WASHINGTON DC 20222-1643)  
d. Employee's social security number: (400-00-1025)  
e. Employee's name (first, m.i., last): (TEST J CADEN)  
f. Employee's address and Zip code: (USS ROBERT E LEE)  
(FPO AP 96222)  
Box 1 Wages, tips, etc.: (24800)  
Box 2 Federal Income tax withheld: (1200)  
Box 3 Social Security wages: (24800)  
Box 4 Social Security tax withheld: (1538)  
Box 5 Medicare wages and tips: (24800)  
Box 6 Medicare tax withheld: (360)  
Box 12a See instructions: (P 500)  
Box 15 State and State ID Number: (NC 56124022)  
Box 16 State Wages: (24800)  
Box 17 State Income tax withheld: (1600)

Form W-2 #2:

b. Employers identification number: (56-1242342)  
c. Employers name address and Zip Code: (WILSONS SUPERMARKET)  
(91 FISH HAWK CT)  
(WILMINGTON NC 28403)  
d. Employees social security number: (400-00-1025)  
e. Employees name (first, m.i., last): (TEST J CADEN)  
f. Employees address and Zip code: (USS ROBERT E LEE)  
(FPO AP 96222)  
Box 1 Wages, tips, etc.: (1800)  
Box 2 Federal Income tax withheld: (210)  
Box 3 Social Security wages: (1800)  
Box 4 Social Security tax withheld: (112)  
Box 5 Medicare wages and tips: (1800)  
Box 6 Medicare tax withheld: (26)  
Box 15 State and State ID Number: (NC 56420214)  
Box 16 State Wages: (1800)  
Box 17 State Income tax withheld: (20)

TEST #26

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial and Last Name: (TEST M EDGEWOOD)  
Social Security Number: (400-00-1026)  
Spouse's First Name, Initial, and Last Name: (ROSEANNE G EDGEWOOD)  
Spouse's Social Security Number: (400-00-2026)  
Home Address: (86 OUTSIDE CIR)  
City, State, and Zip: (PERIMETERSCENTERSVILLE GA 30555-0086)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO )  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (YES)  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 7 Total wages: (62000)  
Line 8a Taxable interest: (15610)  
Line 9 Dividend income: (429)  
Line 21 Other income: (-61920)  
Other income - LITERAL: (MSA 80)  
Other income - LITERAL: (FORM 2555-EZ -62000)  
Line 22 Total income: (16119)  
Line 25 MSA deductions: (1600)  
Line 32 Add lines 23 through 31a: (1600)  
Line 33 Adjusted gross income: (14519)  
Line 34 Amount from line 33: (14519)  
Line 36 Itemized or standard deduction: (7600)  
Line 37 Subtract line 36 from line 34: (6919)  
Line 38 Multiply \$2900 by the number of exemptions: (5800)  
Line 39 Taxable income: (1119)  
Line 40 Tax: (167)  
Line 42 Add lines 40 and 41: (167)  
Line 52 Subtract line 51 from line 42: (167)  
Line 55 Tax on IRAs Form 5329: (54)  
Line 58 Total tax: (233)  
LITERAL: (MSA 12)  
Line 60 2000 estimated tax payments: (100)  
Line 66 Total payments: (100)  
Line 70 Amount you owe: (133)  
  
Taxpayers Occupation: (CHEMIST)  
Spouses Occupation: (HOMEMAKER)  
Third Party Designee: (NO)

TEST #26: continued:

Form W-2 #1:

b. Employers identification number:	(13-4243335)
c. Employers name address and Zip Code:	(WEEDS AND SEEDS INC) (88 DANDELION DR) (PASTURELAND NY 14818)
d. Employees social security number:	(400-00-1026)
e. Employees name (first, m.i., last):	(TEST M EDGEWOOD)
f. Employees address and Zip code:	(86 OUTSIDE CIR) (PERIMETERSCENTERSVILLE GA 30555-0086)
Box 1 Wages, tips, etc.:	(62000)
Box 3 Social Security wages:	(62000)
Box 4 Social Security tax withheld:	(3844)
Box 5 Medicare wages and tips:	(62000)
Box 6 Medicare tax withheld:	(899)
Box 13 Retmnt Plan:	(X)
Box 15 State and State ID Number:	(GA 5832524)
Box 16 State Wages:	(62000)
Box 17 State Income tax withheld:	(1245)

TEST #27

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name: (TEST L PARTNER)  
Social Security Number: (400-00-1027)  
Home Address: (123 FRIGID LN)  
City, State, and Zip: (STARKWEATHER ND 58377)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO)  
Filing Status: (SINGLE)  
Number of boxes checked on 6a and 6b: (1)  
Total number in box 6d: (1)  
Line 9 Ordinary dividends: (2000)  
Line 17 Schedule E income or (loss): (6000)  
Line 22 Total income: (8000)  
Line 33 Adjusted gross income: (8000)  
Line 34 Amount from line 33: (8000)  
Line 36 Itemized or standard deduction:(4550)  
Line 37 Subtract line 36 from line 34:(3450)  
Line 38 Multiply \$2900 by the number of exemptions:(2900)  
Line 39 Taxable income: (550)  
Line 40 Tax: (84)  
Line 42 Add lines 40 and 41: (84)  
Line 50 Other credits: (84)  
Line 50a Form 3800: (X)  
Line 51 Total credits: (84)  
Line 52 Subtract line 51 from line 42:(0)  
Line 58 Total tax: (560)  
LITERAL: (LIHCR 560)  
Line 61a EIC LITERAL: (NO)  
Line 66 Total payments: (0)  
Line 70 Amount you owe: (560)  
  
Taxpayers Occupation: (PROPERTY MANAGER)  
Third Party Designee: (NO)

TEST #28

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, Initial and Last Name: (TEST O MACDONALD)  
Social Security Number: (400-00-1028)  
Spouse's First Name, Initial, and Last Name: (DAISY MACDONALD)  
Spouse's Social Security Number: (400-00-2028)  
Home Address: (1 FIRST STREET APT 3)  
City, State, and Zip: (SUNSHINE IA 52544)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (JETHRO MACDONALD)  
    Social Security Number: (400-55-3028)  
    Relationship: (SON)  
    Number of months in home: (12)  
Dependent #2 Name: (ELLIE MAE MACDONALD)  
    Social Security Number: (400-55-4028)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
Number of boxes checked on 6a and 6b: (2)  
Number of children who lived with you: (2)  
Total number in box 6d: (4)  
Line 7 Total Wages: (37967)  
Line 18 Schedule F income or (loss): (3705)  
Line 21 Other income: (742)  
    Other income - LITERAL: (FORM 6478 742)  
Line 22 Total income: (42414)  
Line 27 One-half of self-employment tax: (262)  
Line 32 Total adjustments: (262)  
Line 33 Adjusted gross income: (42152)  
Line 34 Amount from line 33: (42152)  
Line 36 Itemized or standard deduction: (7600)  
Line 37 Subtract line 36 from line 34: (34552)  
Line 38 Multiply \$2900 by the number of exemptions: (11600)  
Line 39 Taxable income: (22952)  
Line 40 Tax: (3446)  
Line 42 Add lines 40 and 41: (3446)  
Line 50 Other credits: (3305)  
Line 50a Form 3800: (X)  
Line 51 Total credits: (3305)  
Line 52 Subtract line 51 from line 42: (141)  
Line 53 Self-employment tax: (524)  
Line 58 Total tax: (665)  
Line 59 Federal income tax withheld: (749)  
Line 66 Total payments: (749)  
Line 67 Amount Overpaid: (84)  
Line 68a Refund: (84)  
  
Taxpayers Occupation: (TRUCK DRIVER)  
Spouses Occupation: (FARMER)  
Third Party Designee: (NO)



TEST #28: continued:

Form W-2 #1:

b. Employers identification number: (42-8765421)  
c. Employers name address and Zip Code: (TURNIP TRUCK PRODUCE)  
(8439 VEGGIE LANE)  
(VINING IA 52348)  
d. Employee's social security number: (400-00-1028)  
e. Employee's name (first, m.i., last): (TEST O MACDONALD)  
f. Employee's address and Zip code: (1 FIRST STREET APT 3)  
(SUNSHINE IA 52544)  
Box 1 Wages, tips, etc.: (30000)  
Box 2 Federal Income tax withheld: (749)  
Box 3 Social Security wages: (30000)  
Box 4 Social Security tax withheld: (1860)  
Box 5 Medicare wages and tips: (30000)  
Box 6 Medicare tax withheld: (435)  
Box 13 Retmnt Plan: (X)  
Box 15 State and State ID Number: (IA 4200001)  
Box 16 State Wages: (30000)  
Box 17 State Income tax withheld: (2100)

Form W-2 #2:

b. Employers identification number: (42-6651220)  
c. Employers name address and Zip Code: (PACK AND MOVE)  
(321 TRAVELLERS REST)  
(SUNSHINE IA 52544)  
d. Employees social security number: (400-00-1028)  
e. Employees name (first, m.i., last): (TEST O MACDONALD)  
f. Employees address and Zip code: (1 FIRST STREET APT 3)  
(SUNSHINE IA 52544)  
Box 1 Wages, tips, etc.: (7967)  
Box 3 Social Security wages: (7967)  
Box 4 Social Security tax withheld: (494)  
Box 5 Medicare wages and tips: (7967)  
Box 6 Medicare tax withheld: (115)  
Box 15 State and State ID Number: (IA 4201240)  
Box 16 State Wages: (7967)  
Box 17 State Income tax withheld: (26)

TEST #29

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, Initial and Last Name:	(TEST G HERBALIST)
Social Security Number:	(400-00-1029)
Home Address:	(50 FEEL GOOD AVENUE)
City, State, and Zip:	(GREEN VALLEY LAKE CA 92341)
Do you want \$3.00 to go to the Presidential Campaign Fund:(YES )	
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(76800)
Line 22 Total income:	(76800)
Line 27 One-half of self-employment tax:	(5426)
Line 32 Total adjustments:	(5426)
Line 33 Adjusted gross income:	(71374)
Line 34 Amount from line 33:	(71374)
Line 36 Itemized or standard deduction:	(4550)
Line 37 Subtract line 36 from line 34:	(66824)
Line 38 Multiply \$2900 by the number of exemptions:	(2900)
Line 39 Taxable income:	(63924)
Line 40 Tax:	(14198)
Line 42 Add lines 40 and 41:	(14198)
Line 50 Other credits:	(4111)
Line 50a Form 3800:	(X)
Line 50d Form (8834):	(X)
Line 51 Total credits:	(4111)
Line 52 Subtract line 51 from line 42:	(10087)
Line 53 Self-employment tax:	(10852)
Line 58 Total tax:	(20939)
Line 70 Amount you owe:	(21676)
Line 71 Estimated tax penalty:	(737)
Taxpayers Occupation:	(CHEMIST)
Third Party Designee:	(YES)
Third Party Name:	(JOHN DOE)
Third Party Phone:	(888-555-1111)
Third Party PIN:	(11122)

TEST #30

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, Initial and Last Name: (TEST A LOTT)  
Social Security Number: (400-00-1030)  
Spouse's First Name, Initial, and Last Name: (EDNA K LOTT)  
Spouse's Social Security Number: (400-00-2030)  
Home Address: (45020 GREEN WAY)  
City, State, and Zip: (DALLAS TX 75202)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 7 Total Wages: (1225500)  
Line 12 Schedule C income or (loss): (37659)  
Line 22 Total income: (1263159)  
Line 27 One-half of self-employment tax: (2661)  
Line 32 Total adjustments: (2661)  
Line 33 Adjusted gross income: (1260498)  
Line 34 Amount from line 33: (1260498)  
Line 36 Itemized or standard deduction: (103374)  
Line 37 Subtract line 36 from line 34: (1157124)  
Line 38 Multiply \$2900 by the number of exemptions: (0)  
Line 39 Taxable income: (1157124)  
Line 40 Tax: (424478)  
Line 42 Add lines 40 and 41: (424478)  
Line 50 Other credits: (9290)  
Line 50a Form 3800: (X)  
Line 50d Form 8844: (X)  
Line 51 Total credits: (9290)  
Line 52 Subtract line 51 from line 42: (415188)  
Line 53 Self-employment tax: (5321)  
Line 58 Total tax: (420509)  
Line 59 Federal income tax withheld: (417000)  
Line 66 Total payments: (417000)  
Line 70 Amount you owe: (3509)  
  
Taxpayers Occupation: (SELF-EMPLOYED)  
Spouses Occupation: (BANKER)  
Third Party Designee: (NO)

TEST #30: continued:

Form W-2 #1:

b. Employers identification number:	(73-1111222)
c. Employers name address and Zip Code:	(THIRD REGIONAL BANK)
	(ONE TOWER SQUARE)
	(DALLAS TX 75266)
d. Employee's social security number:	(400-00-2030)
e. Employee's name (first, m.i., last):	(EDNA K LOTT)
f. Employee's address and Zip code:	(45020 GREEN WAY)
	(DALLAS TX 75202)
Box 1 Wages, tips, etc.:	(1225500)
Box 2 Federal Income tax withheld:	(417000)
Box 3 Social Security wages:	(80400)
Box 4 Social Security tax withheld:	(4985)
Box 5 Medicare wages and tips:	(1225500)
Box 6 Medicare tax withheld:	(17770)
Box 13 Retmnt Plan:	(X)
Box 15 State and State ID Number:	(OK 73012456)
Box 16 State Wages:	(1200)

TEST #31

FORMS INCLUDED: FORM 1040A, Form W-2 (1)

FORM 1040A:

First Name, Initial and Last Name: (TEST T BEHAVIOR)  
Social Security Number: (400-00-1031)  
Home Address: (1215 LONG ST)  
City, State, and Zip: (MORGAN GA 31766)  
Do you want \$3.00 to go to the Presidential Campaign Fund:(NO )  
Filing Status: (HEAD OF HOUSEHOLD)  
Qualifying person's name: (DARRELL BEHAVIOR)  
Qualifying person's social security number:(400-55-3031)  
Number of boxes checked on 6a and 6b: (1)  
Total number in box 6d: (1)  
Line 7 Total Wages: (12000)  
Line 9 Ordinary dividends: (100)  
Line 10 Capital gain distributions: (2500)  
Line 13 Unemployment compensation (200)  
Line 15 Total income: (14800)  
Line 16 IRA deduction: (2000)  
Line 18 Total adjustments: (2000)  
Line 19 Adjusted gross income: (12800)  
Line 20 Amount from line 19: (12800)  
Line 22 Itemized or standard deduction:(6650)  
Line 23 Subtract line 22 from line 20: (6150)  
Line 24 Multiply \$2900 by the Total number in box 6d:(2900)  
Line 25 Taxable income: (3250)  
Line 26 Tax: (364)  
Line 34 Subtract line 33 from line 26: (364)  
Line 36 Total tax: (364)  
Line 37 Federal Income tax withheld: (750)  
Line 41 Total payments: (750)  
Line 42 Amount overpaid: (386)  
Line 43a Amount refunded to you: (386)  
Line 43b Routing transit number: (012456778)  
Line 43c Type - Checking: (X)  
Line 43d Account number: (111-222-5555)

Taxpayers Occupation: (COUNSELOR)  
Third Party Designee: (NO)

TEST #31: continued:

Form W-2 #1:

b. Employers identification number:	(58-2243633)
c. Employers name address and Zip Code:	(FINANCIAL COUNSELING SERVICES)
	(1 MAIN ST)
	(MORGAN GA 31766)
d. Employees social security number :	(400-00-1031)
e. Employees name (first, m.i., last):	(TEST T BEHAVIOR)
f. Employees address and Zip code:	(1215 LONG ST)
	(MORGAN GA 31766)
Box 1 Wages, tips, etc.:	(12000)
Box 2 Federal Income Tax Withheld:	(750)
Box 3 Social Security wages:	(12000)
Box 4 Social Security tax withheld:	(744)
Box 5 Medicare wages and tips:	(12000)
Box 6 Medicare tax withheld:	(174)
Box 15 State and State ID Number:	(GA 5832524)
Box 16 State Wages:	(12000)
Box 17 State Income tax withheld:	(375)

TEST #32

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, Initial and Last Name: (TEST Y INSIGHTFUL)  
Social Security Number: (400-00-1032)  
Spouse's First Name, Initial, and Last Name: (IRENE K INSIGHTFUL)  
Spouse's Social Security Number: (400-00-2032)  
Home Address: (512 HOWARD DR)  
City, State, and Zip: (WINTER PARK FL 32789)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 8a Taxable interest: (12000)  
Line 11a Total IRA distributions: (700)  
Line 11b Taxable amount: (100)  
Line 12a Total pensions and annuities: (15000)  
Line 12b Taxable amount: (12000)  
Line 14a Social security benefits: (23000)  
Line 14b Taxable amount: (1800)  
Line 15 Total income: (25900)  
Line 19 Adjusted gross income: (25900)  
Line 20 Amount from line 19: (25900)  
Line 21a Spouse is 65/older: (X)  
Spouse is blind: (X)  
Total number of boxes checked: (2)  
Line 22 Itemized or standard deduction: (9400)  
Line 23 Subtract line 22 from line 20: (16500)  
Line 24 Multiply \$2900 by the Total number in box 6d: (5800)  
Line 25 Taxable income: (10700)  
Line 26 Tax: (1609)  
Line 34 Subtract line 33 from line 26: (1609)  
Line 36 Total tax: (1609)  
Line 41 Total payments: (0)  
Line 42 Amount overpaid: (0)  
Line 45 Amount you owe: (1696)  
Line 46 Estimated tax penalty: (87)  
  
Taxpayers Occupation: (RETIRED)  
Spouses Occupation: (RETIRED)  
Third Party Designee: (NO)

TEST #32: continued:

Form 1099-R #1:

Payers name address and Zip Code: (THEME PARK PENSION PLAN)  
(1 BUENA VISTA WAY)  
(ANAHEIM CA 92812)  
Payers identification number: (33-4234444)  
Recipients social security number: (400-00-2032)  
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)  
Recipients street address: (512 HOWARD DR)  
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (15000)  
Box 2a Taxable amount: (12000)  
Box 7 Distribution code: (7)  
Box 10 State tax withheld: (100)  
Box 11 State/Payers state no: (CA330011)  
Box 12 State distribution: (1000)

Form 1099-R #2:

Payers name address and Zip Code: (BIG BROKERS)  
(12 WALL STREET)  
(NEW YORK CITY NY 10005)  
Payers identification number: (13-4433221)  
Recipients social security number: (400-00-2032)  
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)  
Recipients street address: (512 HOWARD DR)  
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (700)  
Box 2a Taxable amount: (100)  
Box 7 Distribution code: (7)  
Box 7 IRA/SEP/SIMPLE: (X)  
Box 11 State/Payers state no: (NY132143)  
Box 12 State distribution: (100)



TEST #33

FORMS INCLUDED: FORM 1040, FORM W-2 (2), FORM 1099-R (1)

FORM 1040:

First Name, Initial and Last Name: (TEST T HAMMER)  
Social Security Number: (400-00-1033)  
Spouse's First Name, Initial, and Last Name: (MARY B HAMMER)  
Spouse's Social Security Number: (400-00-2033)  
Home Address: (74 BUILDER DR)  
City, State, and Zip: (GREENVILLE SC 29601)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES )  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Dependent #1 Name: (BILL HAMMER)  
    Social Security Number: (400-55-3033)  
    Relationship: (SON)  
    Number of months in home: (12)  
Dependent #2 Name: (BOB HAMMER)  
    Social Security Number: (400-55-4033)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #3 Name: (KIM HAMMER)  
    Social Security Number: (400-55-5033)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #4 Name: (KATIE HAMMER)  
    Social Security Number: (400-55-6033)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #5 Name: (LEAH HAMMER)  
    Social Security Number: (400-55-7033)  
    Relationship: (DAUGHTER)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Dependent #6 Name: (LANCE HAMMER)  
    Social Security Number: (400-55-8033)  
    Relationship: (SON)  
    Number of months in home: (12)  
    Qualifying child for child tax credit: (X)  
Number of boxes checked on 6a and 6b: (2)  
Number of children who lived with you: (6)  
Total number in box 6d: (8)  
Line 7 Total wages - LITERAL: (DCB 2400)  
Line 7 Total wages: (27400)  
Line 15b Taxable amount IRA: (500)  
Line 17 Schedule E income or loss: (5000)  
Line 20a Social security benefits: (13000)  
Line 20b Taxable amount: (3700)  
Line 22 Total income: (36600)  
Line 33 Adjusted gross income: (36600)

TEST #33: continued:

Line 34	Amount from line 33:	(36600)
Line 35a	You were over 65:	(X)
Line 35a	Add the number of boxes:	(1)
Line 36	Itemized or standard deduction:	(8500)
Line 37	Subtract line 36 from line 34:	(28100)
Line 38	Multiply \$2900 by the number of exemptions:	(23200)
Line 39	Taxable income:	(4900)
Line 40	Tax:	(739)
Line 42	Add lines 40 and 41:	(739)
Line 44	Child and dependent care credit:	(200)
Line 47	Child tax credit:	(539)
Line 51	Total Credits:	(739)
Line 52	Subtract line 51 from line 42:	(0)
Line 57	Household employment taxes:	(355)
Line 58	Total tax:	(355)
Line 59	Federal income tax withheld:	(500)
Line 63	Additional child tax credit:	(1913)
Line 66	Total payments:	(2413)
Line 67	Amount overpaid:	(2058)
Line 68a	Amount refunded:	(2058)

Taxpayers Occupation:	(CONSTRUCTION)
Spouses Occupation:	(BANK TELLER)
Third Party Designee:	(YES)
Third Party Designee:	(JOHN DOE)
Phone Number:	(888-555-1111)
PIN:	(11122)

TEST #33: continued:

Form W-2 #1:

b. Employers identification number: (57-2587950)  
c. Employers name address and Zip Code: (TIMELY BUILDERS)  
(12 BUILDER DR)  
(GREENVILLE SC 29601)  
d. Employee's social security number: (400-00-1033)  
e. Employee's name (first, m.i., last): (TEST T HAMMER)  
f. Employee's address and Zip code: (74 BUILDER DR)  
(GREENVILLE SC 29601)  
Box 1 Wages, tips, etc.: (24000)  
Box 2 Federal Income tax withheld: (500)  
Box 3 Social Security wages: (24000)  
Box 4 Social Security tax withheld: (1488)  
Box 5 Medicare wages and tips: (24000)  
Box 6 Medicare tax withheld: (348)  
Box 10 Dependent care benefits: (3400)  
Box 15 State and State ID Number: (SC 5712345)  
Box 16 State Wages: (24000)  
Box 17 State Income tax withheld: (250)

Form W-2 #2:

b. Employers identification number: (57-8234588)  
c. Employers name address and Zip Code: (GREENVILLE BANK)  
(1200 CENTRAL AVE)  
(GREENVILLE SC 29601)  
d. Employees social security number: (400-00-2033)  
e. Employees name (first, m.i., last): (MARY B HAMMER)  
f. Employees address and Zip code: (74 BUILDER DR)  
(GREENVILLE SC 29601)  
Box 1 Wages, tips, etc.: (1000)  
Box 3 Social Security wages: (1000)  
Box 4 Social Security tax withheld: (62)  
Box 5 Medicare wages and tips: (1000)  
Box 6 Medicare tax withheld: (15)  
Box 15 State and State ID Number: (SC 5734246)  
Box 16 State Wages: (1000)

TEST #33: continued:

Form 1099-R #1:

Payers name address and Zip Code:	(PHILLIP JOHNSON BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10009)
Payers identification number:	(57-8888875)
Recipients social security number:	(400-00-1033)
Recipients name (first, m.i., last):	(TEST T HAMMER)
Recipients street address:	(74 BUILDER DR)
Recipients city state and Zip code:	(GREENVILLE SC 29601)

Box 1	Gross distribution:	(1000)
Box 2a	Taxable amount:	(1000)
Box 7	Distribution code:	(T)
Box 7	IRA/SEP/SIMPLE:	(X)
Box 11	State/Payers state no:	(SC5701434)
Box 12	State distribution	(1000)

TEST RETURNS #34 AND #35 ARE FOR ON-LINE FILING ONLY

TEST #34

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, Initial & Last Name: (TEST O MAPLE)  
Social Security Number: (400-00-1034)  
Home Address: (7842 WEEPING WILLOW LN)  
City, State, and Zip: (AUDUBON NJ 08106-7842)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (YES)  
Filing Status: (SINGLE)  
Number of boxes on 6a and 6b: (0)  
Total number box 6d: (0)  
Line 7 Total wages: (4400)  
Line 8a Taxable Interest: (6500)  
Line 8b Tax exempt interest: (1000)  
Line 9 Dividends: (3000)  
Line 15 Total Income: (13900)  
Line 19 Adjusted Gross Income: (13900)  
Line 20 Amount from line 19: (13900)  
Line 22 Standard deduction: (4550)  
Line 23 Subtract line 22 from line 20: (9350)  
Line 24 Multiply \$2900 by total exemptions: (0)  
Line 25 Taxable Income: (9350)  
Line 26 Tax: (1406)  
Line 34 Subtract line 33 from line 26: (1406)  
Line 36 Total Tax: (1406)  
Line 37 Federal Income Tax Withheld: (1360)  
Line 41 Total Payments: (1360)  
Line 45 Amount you owe: (46)

Taxpayers Occupation: (TREE TRIMMER)  
Third Party Designee: (NO)  
Day Time Phone Number: (201-555-1111)

TEST #34: continued:

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and Zip Code: (TREE TOPPERS INC)  
(783 CHRISTMAS TREE DRIVE)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1034)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal Income tax withheld: (480)

Box 3 Social Security wages: (1200)

Box 4 Social Security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and State ID Number: (NJ 22130)

Box 16 State Wages: (1200)

Box 17 State Income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and Zip Code: (OAKLEYS YARD AND GARDEN)  
(87 KUDZU CENTER)  
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1034)

e. Employees name (first, m.i., last): (TEST O MAPLE)

f. Employees address and Zip code: (7842 WEEPING WILLOW LN)  
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal Income tax withheld: (880)

Box 3 Social Security wages: (3200)

Box 4 Social Security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and State ID Number: (NJ 07543917)

Box 16 State Wages: (3200)

Box 17 State Income tax withheld: (204)

TEST #35

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, Initial and Last Name: (TEST Y INSIGHTFUL)  
Social Security Number: (400-00-1035)  
Spouse's First Name, Initial, and Last Name: (IRENE K INSIGHTFUL)  
Spouse's Social Security Number: (400-00-2035)  
Home Address: (512 HOWARD DR)  
City, State, and Zip: (WINTER PARK FL 32789)  
Do you want \$3.00 to go to the Presidential Campaign Fund: (NO)  
If filing joint, Does Taxpayers spouse want \$3.00 to go to this fund: (NO)  
Filing Status: (MARRIED FILING JOINTLY)  
Number of boxes checked on 6a and 6b: (2)  
Total number in box 6d: (2)  
Line 8a Taxable interest: (12000)  
Line 11a Total IRA distributions: (700)  
Line 11b Taxable amount: (100)  
Line 12a Total pensions and annuities: (15000)  
Line 12b Taxable amount: (12000)  
Line 14a Social security benefits: (23000)  
Line 14b Taxable amount: (1800)  
Line 15 Total income: (25900)  
Line 19 Adjusted gross income: (25900)  
Line 20 Amount from line 19: (25900)  
Line 21a Spouse is 65/older: (X)  
Spouse is blind: (X)  
Total number of boxes checked: (2)  
Line 22 Itemized or standard deduction: (9400)  
Line 23 Subtract line 22 from line 20: (16500)  
Line 24 Multiply \$2900 by the Total number in box 6d: (5800)  
Line 25 Taxable income: (10700)  
Line 26 Tax: (1609)  
Line 34 Subtract line 33 from line 26: (1609)  
Line 36 Total tax: (1609)  
Line 41 Total payments: (0)  
Line 42 Amount overpaid: (0)  
Line 45 Amount you owe: (1696)  
Line 46 Estimated tax penalty: (87)  
  
Taxpayers Occupation: (RETIRED)  
Spouse Occupation: (RETIRED)  
Third Party Designee: (NO)



TEST #35: continued:

Form 1099-R #1:

Payers name address and Zip Code: (THEME PARK PENSION PLAN)  
(1 BUENA VISTA WAY)  
(ANAHEIM CA 92812)  
Payers identification number: (33-4234444)  
Recipients social security number: (400-00-2035)  
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)  
Recipients street address: (512 HOWARD DR)  
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (15000)  
Box 2a Taxable amount: (12000)  
Box 7 Distribution code: (7)  
Box 10 State tax withheld: (100)  
Box 11 State/Payers state no: (CA330011)  
Box 12 State distribution: (1000)

Form 1099-R #2:

Payers name address and Zip Code: (BIG BROKERS)  
(12 WALL STREET)  
(NEW YORK CITY NY 10005)  
Payers identification number: (13-4433221)  
Recipients social security number: (400-00-2035)  
Recipients name (first, m.i., last): (IRENE K INSIGHTFUL)  
Recipients street address: (512 HOWARD DR)  
Recipients city state and Zip code: (WINTER PARK FL 32789)

Box 1 Gross distribution: (700)  
Box 2a Taxable amount: (100)  
Box 7 Distribution code: (7)  
Box 7 IRA/SEP/SIMPLE: (X)  
Box 11 State/Payers state no: (NY132143)  
Box 12 State distribution: (100)